



Youth Leadership Academy 2010

Application Form

Academy Class June 21-26, 2010

Return form to: Youth and Community Resources Section
Attn: Officer Linda Mabry, Youth Initiatives Team
700 E. Joppa Road
Towson, MD 21286
(410) 887- 2587

Nominee: _____
Last Name First Name M.I. DOB

Address: _____

Driver's License #: _____
(If Applicable)

Daytime Phone: _____ Evening Phone: _____

Cell Phone/Pager: _____ E-mail address: _____

School Attended: _____ Grade _____

Name of person(s) to be notified in case of an emergency, telephone number must be provided:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please attach a one page typed essay about yourself and why you want to be considered to attend. The academy is limited to 25 students. Applicants will be selected at the discretion of the Youth Initiatives Team based upon the quality of the essay and reference provided.

References: _____
Name/Title Address

_____ Phone

Note: References must be a non-relative adult. (i.e., Teacher, Law Enforcement, School Resource Officer, School Counselor, Minister, Neighbor, etc.)

Any other pertinent information: _____

Parent/Guardian: _____
Signature