

# YOUTH LEADERSHIP

## Augusta

A Program for Augusta Area  
High School Juniors and Seniors

### Application

### Class of 2024-2025

Youth Leadership Augusta receives approximately 150 applications each year for our program. Only 30-40 students can participate each year. The first part of our process is a written application where grammar, legibility, answer completeness and thoughtfulness, and the ability to follow directions on student checklist below are primarily considered. The best written applications move to the second part of the process which is an interview. Special attention to these things will improve your chances of being considered for acceptance. Please use pen or type.

**Application Packet Due Date: Friday, May 17th (submit by noon)**

Please return to your high school counselor.

#### STUDENT CHECKLIST

- Complete **Application Form** with initialed Attendance Commitment Policy for submission to counselor by **Friday, May 17, 2024.**
- Complete **Permission Form** with parent, principal, and counselor signatures.
- Complete two (2) **Youth Leadership Reference Forms**.
- Submit a photo with your application.
- Submit six 6 stapled copies of complete packet (application, permission form, and two (2) reference forms to counselor by noon on **Friday, May 17, 2024**).
- Keep all forms in this packet in numerical order.
- DO NOT submit this student checklist/cover sheet with your application.**  
**Please remove this sheet prior to submission.**

*Failure to submit a **COMPLETE** and **TIMELY** Application Packet may jeopardize your opportunity to join our program. Carefully confirm you have provided all required documentation listed above.*

#### IMPORTANT DATES

Friday, May 17, 2024	Application Deadline	Noon	School Guidance Office
August 2024	Interviews (if selected)	TBD	The HUB
August 2024	Interviews (if selected)	TBD	The HUB
August 2024	Notifications (if selected)	TBD	Emails to Students
September 2024	Orientation	TBD	Kroc Center
September 2024	Parent Reception	TBD	Kroc Center
September 2024	Teambuilding	TBD	Kroc Center

**[www.leadershipaugusta.com](http://www.leadershipaugusta.com) or [www.e3augusta.com](http://www.e3augusta.com)**

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Audrey Lampkin/Youth Leadership Augusta, Administrator: 706-821-2416 or [alampkin@augustaga.gov](mailto:alampkin@augustaga.gov)



# Application Form

Youth Leadership Augusta is a program coordinated by Leadership Augusta and the E3 Leadership Foundation. While the program works with local school systems, the rules and regulations that are adhered to are developed and administered by the Youth Leadership Advisory Committee.

**Due Friday, May 17, 2024** (submit by noon)

Please type or print application. Complete all information using this form ONLY and do not use additional pages.

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name                                      Preferred Name

\_\_\_\_\_  
Address                                      City                                      State                                      Zip                                      Home Phone

\_\_\_\_\_  
Mobile Phone                                      Date of Birth                                      E-mail Address

\_\_\_\_\_  
School                                      Age                                      Grade                                      Race                                      Gender

\_\_\_\_\_  
Parent/Guardian Name #1                                      Email address                                      Mobile Phone Number

\_\_\_\_\_  
Parent/Guardian Name #2                                      Email address                                      Mobile Phone Number

\_\_\_\_\_  
Have you had siblings participate in YLA?                                      If so, what is/are their names and what year did they graduate from our program?

## Attendance Commitment and Policy

### INITIALS

1. \_\_\_\_\_ **ATTENDANCE IS REQUIRED AT ALL SESSIONS. I have reviewed the proposed dates for the program and am making the commitment to attend all scheduled sessions.**
2. \_\_\_\_\_ If an emergency arises, a written request must be submitted to the Youth Leadership Advisory Committee for consideration as to whether the absence is excused.
3. \_\_\_\_\_ The Richmond County School System has approved all school day sessions as excused absences (Students will be responsible for any missed work). Such arrangements have not been made with other local school systems at the printing of this application.
4. \_\_\_\_\_ Students may miss only one full day session and successfully graduate from our program. Participants missing more than one session may be immediately dismissed from the program.
5. \_\_\_\_\_ Presence for more than six (6) hours constitutes a full day's session. Any less will be counted as an absence, although students may still attend.
6. \_\_\_\_\_ **Students are expected to make YLA a priority.** Our weekdays usually last from 7:15 am til 3:00 pm each month (one longer day may be included). Our weekend times are varied and may last all day. Absence or requests for early release for sports, clubs, or other activities are discouraged.

**Please list ALL school related extracurricular activities and programs in which you will participate in the upcoming academic year (i.e., Athletics, Cheering, Dual Enrollment and Clubs).**

PROGRAM/CLUB/ORGANIZATION/SPORT

PROGRAM/CLUB/ORGANIZATION/SPORT

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**List up to three (3) non-school related activities in which you have participated during the last two years.**  
(community/civic/religious/scouting/volunteer/athletic, etc.)

TYPE OF ACTIVITY

WHEN INVOLVED

WHAT WAS YOUR ROLE IN THE ACTIVITY?

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**What are your career interests?**

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**What do you believe is the role and responsibility of a community leader?**

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**Name four characteristics you value in other people.**

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**If you could spend a day with a current or past leader, who would you choose and why?**

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**How can you be a role model for other students in your school?**

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**Describe a time when your actions positively impacted a person, your school, or your neighborhood?**

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**If you could change anything about your school, what would it be and why?**

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**If selected for the Youth Leadership Augusta program, how will you balance your other life activities and Youth Leadership?**

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# Permission Form

**Application will not be considered unless this and all other forms are submitted by the deadline.**

## *Due Friday, May 17, 2024*

Student Name \_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_ (student name).

I have read the information on the Youth Leadership Augusta program and am willing to have my child participate.

**I understand that participation at all sessions is mandatory.**

Youth Leadership Augusta, Leadership Augusta, the E3 Leadership Foundation and the Richmond County Board of Education, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by system bus service, public service bus, private automobile, vans or other appropriate means of transportation in connection with all sessions of Youth Leadership Augusta during the school year in which he/she is a participant.

I hereby release and hold harmless: Youth Leadership Augusta, Augusta Metro Chamber of Commerce, the E3 Leadership Foundation and the Richmond County Board of Education; its members, agents and employees; or any individuals involved in the planning, organization or presentation of Youth Leadership Augusta programming, for any accident, injury, illness or any damage whatsoever related to the above-mentioned student's attendance at or participation in any activity or session of Youth Leadership Augusta.

\_\_\_\_\_  
Parent(s)/Legal Guardian Name *(please print)*

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian

\_\_\_\_\_  
Date

### **SCHOOL SYSTEM APPROVAL**

***All applicants are asked to have the acknowledgement of their school principal and counselor to attend the mandatory school day sessions of Youth Leadership Augusta. Please have your principal and counselor sign below. Please print legibly.***

I approve of the participation of \_\_\_\_\_ (student name) in the Youth Leadership Augusta Class of 2023. This student is in good academic standing.

\_\_\_\_\_  
Principal's Name *(please print)*

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Counselor's Name *(please print)*

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Phone



# Reference Form

## PERSONAL REFERENCE (#1)

Thank you for completing this reference for a Youth Leadership Augusta applicant. Please limit your recommendation to the space provided on this form. Personal letters of recommendation will not be considered. Please type or PRINT all information. Again, thank you.

I am providing a reference for: \_\_\_\_\_,  
who I recommend for participation in Youth Leadership Augusta.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

A. How long and in what capacity have you known the applicant?

B. With what frequency and in what kinds of situations do you come into contact with the applicant?

C. How will the applicant enhance Youth Leadership Augusta?

D. What are the first three (3) words that come to mind that describe the applicant (Limit 3 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Reference Form

## PERSONAL REFERENCE (#2)

Thank you for completing this reference for a Youth Leadership Augusta applicant. Please limit your recommendation to the space provided on this form. Personal letters of recommendation will not be considered. Please type or PRINT all information. Again, thank you.

I am providing a reference for: \_\_\_\_\_,  
who I recommend for participation in Youth Leadership Augusta.

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

A. How long and in what capacity have you known the applicant?

B. With what frequency and in what kinds of situations do you come into contact with the applicant?

C. How will the applicant enhance Youth Leadership Augusta?

D. What are the first three (3) words that come to mind that describe the applicant (Limit 3 words)

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\_\_\_\_\_  
\_\_\_\_\_