



## INFORMATION AND REQUIREMENTS

(Keep this sheet for reference. It is not part of the application.)

**PURPOSE:** Youth Leadership Highlands is designed to enhance leadership skills and awareness of the need for civic participation, community service, and philanthropy in the lives of participants in Highlands County.

### **GOALS AND OBJECTIVES:**

- \* To identify youth with leadership potential who currently do not participate in leadership developing activities.
- \* To identify leadership skills within each participant and develop specific measurable leadership skills during the program.
- \* To broaden participant's exposure to other peers and create a network of Youth Leadership Highlands participants and alumni.
- \* To provide unique opportunities to learn about themselves and their community.
- \* To nurture a life-long commitment to community citizenship.

**PROGRAM:** Participants selected for Youth Leadership Highlands will participate in a one-day leadership training session with their class, five days of visiting community social service, business, agriculture, government, and environmental organizations along with a graduation ceremony.

**SELECTION CRITERIA:** The selection committee selects a diverse group of participants for the program, enabling class members to experience working with peers from a broad range of backgrounds and perspectives. No special consideration is given to any applicant based upon their socio-economic status, race, gender, **or as relative or friend of any YLH alumni, MGSF Board Member or Donor.** It is our goal to reach participants with great leadership POTENTIAL that may not currently be using all of the skills they possess in an objective and fair manner. We encourage ALL students to apply who are willing and interested in the program.

### **YLH seeks applicants who are:**

- \* Sophomores in the 2020-2021 school year
- \* Attending a school in Highlands County or home-schooled within our county
- \* Interested in learning more about leadership, our community, and interpersonal skills
- \* Interested in networking with other local high school students
- \* Willing to commit the time and energy necessary to complete the program.

### **REQUIREMENTS:**

There are no fees associated with participation in this program. YLH is completely sponsored by the Mason G. Smoak Foundation. It is the desire of the Foundation for all participants to have access to this enrichment program no matter financial need.

Each participant must meet the following requirements:

- \* Complete the application with the required signatures
- \* Arrange school absences with teachers/administration and be responsible for the schoolwork missed during scheduled activities
- \* Possess an excellent school attendance record
- \* Participate in at least 85% of YLH activities
- \* Provide personal transportation to and from the main meeting site



YLH Application 2020 ('20-'21 school year)  
**Application Deadline April 24, 2020**

**PLEASE FILL OUT IN INK**

PLEASE PRINT OR TYPE:

NAME (Last, First, Middle Initial):

\_\_\_\_\_  
Name or Nickname Preferred: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

HOME PHONE:

\_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

PARTICIPANT'S EMAIL ADDRESS:

\_\_\_\_\_

PARTICIPANT'S PHONE NUMBER:

\_\_\_\_\_

PARENT/GUARDIAN'S NAME:

\_\_\_\_\_

PARENT'S EMAIL ADDRESS/S:

\_\_\_\_\_

PARENT'S CELL PHONE NUMBER/S:

\_\_\_\_\_

SCHOOL:

\_\_\_\_\_

Grade enrolled Fall 2020: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Will you be taking dual enrollment classes: YES NO (circle)

PARTICIPANT'S POLO (men/women) SIZE: S M L XL 2XL (Please circle)

How did you hear about the YLH program? \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

I give permission for my child to apply for, and if accepted, participate in YLH.





**PLEASE NOTE:**

A **volunteer selection committee** utilizing a grading rubric will evaluate your application. Names and other personal information about your identity should **NOT** be written on the following pages in order to keep this an unbiased process. Names written on the **following pages** will be blacked out before given to the committee.

All completed applications can be dropped off or mailed to the following location:  
Mason G. Smoak G. Foundation, 1025 County Road 17 N, Lake Placid, FL, 33852.  
For questions, please contact Amy Smith at (863) 699-0838 or at  
amy@masongsmoakfoundation.org  
Applications are due by April 24, 2020 at 5:00 PM

How would you describe yourself to the selection committee?

Briefly describe your top strength and top weakness.

This summer, I plan to

\_\_\_\_\_.

My perfect job is

\_\_\_\_\_.

What do you read outside of class? \_\_\_\_\_.

List three reasons why Youth Leadership Highlands is important. Why do you think being a participant will help you?

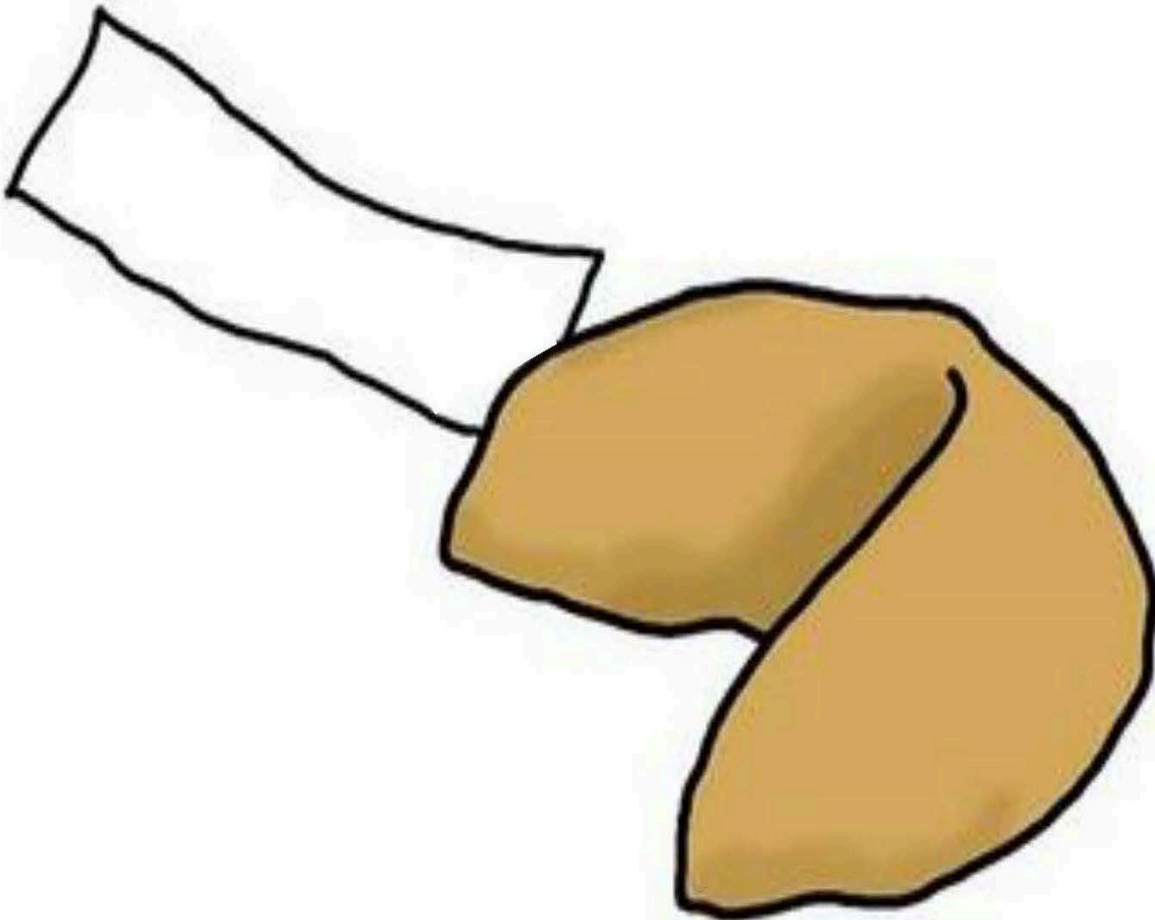
1.

2.

3.



If you could write your own fortune, what would it say...



Write a brief paragraph about one person you see as a leader and why?



List and describe any sports and other activities within your school/community/volunteer work/employment in which you have been involved (middle/high school only).

Which two of these above activities are the most important to you and why?

1.

2.

In the space below, please describe why you should be selected to participate in the Youth Leadership Highlands Program.



TEACHER, COUNSELOR, OR PERSONAL REFERENCES

Provide the name and information of two non-family references below (i.e. school principals, guidance counselors, youth leaders, etc.). Letters of reference may also be submitted - but are not required.

Reference #1

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

\_\_\_\_\_

Signature: \_\_\_\_\_

Business

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

Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Reference #2

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

\_\_\_\_\_

Signature: \_\_\_\_\_

Business

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

Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_