



# 2019 Application Form

(Application Deadline January 28, 2019)

Date \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_

E-Mail \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

List the extracurricular activities you are involved in at your school, church and community.

Organization and position held

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## EMPLOYMENT (if applicable)

Present Employer \_\_\_\_\_ Date Began \_\_\_\_\_

Present Title or Responsibility \_\_\_\_\_

Hours of Work per Week \_\_\_\_\_

The goal of **JUNIOR LEADERSHIP SALINA** is to provide information and education about the diversity of this community, its challenges, its resources and its concerns. What do you expect to gain from this program?

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How do you see yourself using **JUNIOR LEADERSHIP SALINA** training to expand your future involvement in the community?

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What are your plans after high school graduation?

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How did you learn of this program? \_\_\_\_\_

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Who recommended this program to you? \_\_\_\_\_

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I understand that a letter of recommendation is required with this application supporting my nomination and leadership potential.

Tuition for the program is \$100.00. Each participant will be responsible for paying \$25. The remaining \$75 will be underwritten by the Salina Business Community and other interested persons.

I am completely aware of the time required for JUNIOR LEADERSHIP SALINA and I pledge my intention to attend each of these sessions. I understand that I must attend all of the events to graduate.

**I am aware of the commitment required by JUNIOR LEADERSHIP SALINA and will allow my son/daughter to participate.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Parent's or Guardian's Signature**

**Return Applications to:  
Salina Area Chamber of Commerce  
120 W. Ash / PO Box 586  
Salina, KS 67402-0586**