



YOUTH LEADERSHIP PROGRAM APPLICATION

PROGRAM OVERVIEW

Youth Leadership (YL) is a program of Leadership Buffalo, Inc. and is offered to a diverse group of high school sophomores, juniors and seniors who have leadership potential. The program helps to develop basic skills in leadership, problem-solving and communication while gaining awareness of community issues, diversity, and personal potential.

Selection is made by a committee of community representatives and program alumni. Because Leadership Buffalo, Inc. commonly receives more applications than the program allows for, we regret that not all applicants are accepted into the program.

Attendance is required at the Parent/Student Orientation, the Opening Retreat and the Monthly Day Sessions. Transportation to and from each session is the responsibility of the parent and/or guardian. Details regarding attendance and other programmatic information will be shared at the parent orientation.

PROGRAM INFORMATION

Opening Retreat – Youth Leadership begins with an Opening Retreat held **November 11, 2021**. This retreat will provide the foundation for the Youth Leadership program. The retreat is also designed to create a team atmosphere amongst the participants. The opening retreat is mandatory and transportation is not available.

Day Sessions – These half-day monthly sessions (dates listed below) introduce participants to a variety of community issues. Each session will include interacting with community leaders pertaining to the day session topic allowing students to have meaningful discussion and provide ideas on how they can address these issues.

- November 11th - In-person Retreat
- December 2nd - In-person Session
- January 10th - Virtual Session
- January 27th - In-person Session
- February 17th - In-person Session
- March 7th - Virtual Session
- March 24th - In-person Session
- April 7th - In-person Session
- May 2nd - Virtual Session
- May 19th - In-person Session
- June 9th - Graduation

Parent/Student Orientation – A program orientation for parents and selected students will be held on November 2nd and 3rd. You will be sent an email to select **one** date to attend.

TO APPLY

Complete the enclosed application and return to Leadership Buffalo by **October 15, 2021**. Please mail applications to the address below, or scan and email to Sean@leadershipbuffalo.org.

Leadership Buffalo
Attn: Youth Leadership
500 Seneca Street, Suite 304
Buffalo, NY 14204

TUITION/SCHOLARSHIPS

The program tuition is \$750. Thanks to local funding, we are able to provide a limited number of scholarships. Please complete the scholarship request form in addition to the application for consideration. Scholarship requests are confidential and not considered during the selection process.



(please print legibly)

GENERAL INFORMATION

Applicant Name: _____ Year of Graduation: _____

Address/City/Zip: _____

Home Phone: _____ Applicant Cell Phone: _____

Parent/Guardian Cell Phone: _____

Applicant Email Address: _____

Parent/Guardian Email Address: _____

Sex: ___ Male ___ Female ___ Prefer not to say

Race/Ethnicity: (Collected at the request of our Program Funders – for reporting purposes, please check all that apply)

___ African-American ___ Arabic ___ Asian ___ Caucasian

___ Native American ___ Hispanic ___ Other (Please specify) _____

How did you hear about the program? (School, church, friends, community organizations, YL/LB Graduate or other)

SCHOOL INFORMATION

School: _____ Principal: _____

School Address/City/Zip: _____

School Telephone: _____

I understand the commitment involved with Youth Leadership and will authorize this applicant's participation.
I verify the applicant's graduation year as stated above.

Signature of Principal or Administrator

Date

COMMITMENT OF APPLICANT



If selected, your success in this program depends upon your personal commitment to being an active, involved, participating member. Please read the following statement, think carefully about it and sign your name to indicate your agreement:

"If chosen for Youth Leadership, I am committed to complete participation in all aspects of the program by my attendance, positive attitude, respect for others, and cooperation."

Signature of Applicant

Date

COMMITMENT OF PARENT/GUARDIAN

If my child or dependent is selected into this program, I will guarantee my cooperation and support with their attendance and transportation.

Signature of Parent/Guardian

Date

PLEASE ANSWER ALL QUESTIONS COMPLETELY. You may attach a separate sheet.



1. Please tell us why you are interested in participating in the Youth Leadership program.

2. List three of your perceived strengths (example: communication, team building, etc.).

3. Describe an occasion where you interacted with people different than yourself (i.e. different culture or age). What did you learn about yourself from that experience?

4. What role do you think young people can play in shaping the future of our community?



5. Leadership Buffalo's values are Service, Diversity, Inclusion, and Openness to Change. Please describe how you think you exemplify **one of these values** in your daily life.

6. Please share something about yourself that would help us better understand who you are.



YOUTH LEADERSHIP APPLICANT REFERENCE

Two References Required

Must receive all references by June 7, 2019

References Accepted: Teachers, Guidance Counselors, Principal, School Administrators, Bosses, Coaches

Not Accepted: Friends, Parents or Extended Family

Youth Leadership, offered to high school sophomores, juniors and seniors, helps the student develop basic skills in leadership, problem-solving, and communication while gaining awareness of community issues, diversity, and personal potential.

The program seeks a diverse group of students who have leadership potential, but have not had experience in positions of leadership at their schools or in community volunteer work.

Applicant's Name: _____

Your Name: _____ Title/Position: _____

Relationship to applicant: _____

How long have you known the applicant? _____

Contact Information (phone or email): _____

Please state why you feel this applicant should be selected for this program:

Signature of Reference

Date

This page should accompany the student's application for consideration. If this page becomes separated, please send the information to address below.



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This page should accompany the student's application for consideration. If this page becomes separated, please send the information to address below.



Please complete the following form only if you would like to request a scholarship.

If you do not require financial assistance you may skip this page.

Student Name: _____

Youth Leadership Buffalo will offer a limited number of partial scholarships. Please state below:

1. Why you believe you should be considered for a scholarship?

2. How you plan to fund the remaining program cost (no full scholarship will be provided)?

3. Number of people in your immediate family.

GROSS FAMILY INCOME (Check One)

Below \$19,000 \$20,000-\$29,000 \$30,000-\$39,000 \$40,000-\$49,000

\$50,000-\$59,000 \$60,000-\$69,000 \$70,000+