

APPLICATION REQUIREMENTS

Parent or student guardian signatures are required for application completion process. (*)

Deadline: June 6, 2023

Please type or neatly print this application. *MUST be legible to be considered.* Please email or mail completed application along with a reference letter to:

Chester County Chamber Foundation YLP 1600 Paoli Pike, Malvern, PA 19355 Email: YLP@chescochamber.org ***YLP App in Subject Line

APPLICATION COMPLETION PROCESS

Complete Sections I (this form) and II (short answer), including all required signatures (*). **Please type** or **neatly print** the requested information.

SECTION I: PERSONAL INFORMATION (All Mandatory)

Name:					
Home Address:					
City: State:					
Zip:					
Student Phone Number:					
Email: (YOUR MAIN EMAIL)					
School:					
Graduation Year:					
School Phone Number:					
Emergency Contact:					
Emergency Contact Phone Number:					
Parent/Guardian Email Address					

REFERENCES

Please provide one-character reference letter from someone other than a relative (i.e., teacher, coach, employer, minister). Indicate the reference below and if available, attach the letter to this application. If you do not have the letter, please send the letter via email to: marianne@chescochamber.org with your name and YLP in the subject line.

Name:Phone:	•	•	
Phone:	Name:		
	Phone:		

STUDENT COMMITMENT

If selected for the YLP, I will participate to the best of my ability and meet all Program requirements. This includes:

- □ All day attendance to at least **six** sessions
- □ Completion of related assignments
- □ Participation in Community Service Project
- □ A positive attitude and respect for others
- □ Timely RSVP for the Program days
- □ \$80.00 administration fee DUE 8/1/2023: (scholarships available)

I also understand that it is my responsibility to notify YLP representatives for any session absenteeism. My school attendance officer will be called for unexcused absences. I will also complete any school assignments missed due to my participation in the Program.

(*) Applicant's Signature or E-Signature

PARENT/GUARDIAN COMMITMENT

I (we) fully endorse our youth's participation in the YLP and fully understand the Program participation requirements.

(*) Parent/Guardian or E- Signature

1600 Paoli Pike Malvern, PA 19355 Phone: 610-725-9100 www.chescochamber.org





Chester County Chamber Foundation Youth Leadership Program (YLP)

SECTION II: NARRATIVE – <u>Deadline: June 6, 2023</u>

Please type your response to the following questions on a separate sheet in 50 words or less per question.

- 1. Why do you want to participate in the Youth Leadership Program?
- 2. What are your top 3 career fields of interest? Would you be interested in a shadowing or internship experience in one of these top three fields?
- 3. What are your plans post high school? What industry/field of study are you interested in pursuing and why?
- 4. What do you expect to get out of the YLP program?
- 5. What do you believe you could contribute to the Youth Leadership Program to ensure that it is a success?
- 6. Who do you believe to be a "great" leader, and why?
- 7. Do you have any suggestions for speakers you would like to hear from this year?
- 8. Please *list* any school or non-school related activities in which you are currently involved.
- 9. Please *list* any community service in which you are involved, and why.
- 10. Are you able to commit to attending 6 full programs days? YLP days typically run from 8:00 am 2:00 pm various days of the week. You will need to provide your own transportation.