

COVINGTON COUNTY YOUTH LEADERSHIP PROGRAM

2021-2022

Application Submission Instructions

NAME OF APPLICANT: _____

HIGH SCHOOL ATTENDING: _____

GRADE: _____ **DATE SUBMITTED:** _____

CHECKLIST FOR COMPLETED APPLICATIONS:

Incomplete applications will be automatically disqualified from consideration.

1. This completed application (*typed or printed in ink*) signed by student and Principal/designee
2. Code of Conduct signed by Student
3. Permission to Participate filled out and signed by Parent/Guardian
4. Graduation Requirements signed by the Student and Parent/Guardian
5. Essay on separate sheet of paper (*typed or printed in ink*)
6. Autobiography on **one** separate sheet of paper (*see sample attached-Page 13*)
7. Two **sealed** recommendations on the required Reference Forms (*see page 9-12 for the required forms*)
8. Copy of Student Transcript

Deadline for Submission: Friday, September 17, 2021, 3:00 p.m.

APPLICATION DEADLINE STRICTLY ENFORCED

COVINGTON COUNTY YOUTH LEADERSHIP PROGRAM

What Is the Covington County Youth Leadership Program (CCYLP)? The mission of the CCYLP is to prepare high school students who have demonstrated leadership potential to take active leadership roles in improving their homes, schools, and communities. The goals of the CCYLP are to encourage high school students to recognize and develop their self-discipline, self-respect, and leadership potential; to teach leadership and problem-solving skills that will foster an open-minded, non-violent approach to solutions; to provide students with a greater understanding of current issues through interaction with peers, leaders, and decision-makers in the community, region, and state; to expose students to resources available in our community and state; to provide students with opportunities to experience the difference they can make through volunteer service projects; and to expand students' network of friends, peers, and contacts.

Who is Eligible? Eligibility is limited to juniors from all public, private, and home schools within Covington County, who are at least 15 years of age. Applicants must have a "C" average or better, permission from parents/guardians, and approval from their school principal. Applicants are expected to have demonstrated leadership in school or community activities; expressed an interest in addressing the issues that confront their community; and to have a 100% commitment to participation in all program activities.

What Are the Requirements If I Am Selected? You are expected to attend all sessions and participate in all activities. These include seven, day-long educational sessions, plus additional time for a service project, and other meetings (see schedule attached). You cannot graduate if you miss more than one session. See Page 6 for the Graduation Requirements. You are also responsible for making appropriate arrangements with your teachers for any work that will be missed. The days you attend activities will be treated as excused absences by the schools. You are expected to provide your own transportation to and from the central meeting location. Transportation to other sites during the day will be provided. Finally, you are expected to conduct yourself in a manner that exemplifies leadership, both in and out of program activities, to comply with the CCYLP Code of Conduct, and to comply with the rules of conduct as specified at the high school you attend, or if home schooled, the high school to which you would be assigned.

What Is the Selection Process? Selections will be made by a committee of business and community leaders. Applications are scored using the percentages shown on the application. The committee will consider the quality of the applicants, as well as the need for balanced representation from throughout the county. Each school may have up to five (5) students selected with five (5) students allowed from home school settings. The maximum class size will be 35 students with no minimum class size.

What Are the Fees? CCYLP participants must pay a fee of \$125 to assist with program expenses. If selected, the fee is to be paid by the second session. A limited number of full or partial scholarships based on need are available. Students wishing to apply for a scholarship must attach a letter requesting a scholarship to their application.

When Do I Apply? Completed applications should be returned to your school counselor. The deadline of September 17, 2021 is strictly enforced. If you are selected as a member of the program you will receive notification of acceptance, an agreement form specifying attendance and participation requirements, and program guidelines. If you are not selected, you will also receive a notification letter.

Questions? Contact Terri Dunn at (334) 804-1572.

Covington County Youth Leadership Program Application

(Please type or print neatly – following instructions and neatness represents 5% of application score)

Name <i>(first, middle, last):</i>			First Name you want on Student Name Badge
Age:	Date of Birth:	T- Shirt Size:	
<i>This information is used only for statistics:</i> Gender: M__ F__		Race / Ethnicity:	
Home Mailing Address <i>(street, city, state, zip):</i>			
Cell Phone:		Parent Cell Phone:	
Email address:			
Name(s) of Parent/Guardian:			
School Presently Attending:			Grade:
Current GPA:		<i>Please Attach a copy of your Transcript</i>	

Organizations and Activities (10% of application score):

Please list, in order of importance to you, no more than **three** school, volunteer, religious, social, athletic, or other activities in which you have participated during high school. (Please do not abbreviate organization names.)

	Activity / Organization	Leadership Responsibility / Involvement
1.		
2.		
3.		

Special Awards (10% of application score):

Please list, in order of importance to you, no more than **three** special awards, honors, or recognitions you have received for academic, school, or community activities during high school.

1.	
2.	
3.	

Work Experience (10% of application score):

List any job experience, paid or volunteer, and briefly tell what was/is involved including the name of the employer and the number of hours you worked/volunteered.

1.	
2.	
3.	

Essay (30% of application score):

Please respond to the following question in 250 words or less on a separate, attached sheet.

If you could change anything in your community, what would it be and how?

Autobiography This page must be suitable to be copied for the Student Directory (25% of application score)

Your Autobiography must be on the front only of a single sheet of paper (letter size). It must contain a photograph of you copied onto the page (not clipped to the page and not a group photo), and include your name, telephone number, and email address (this will be used by the students and leadership team to communicate with each other). The narrative should contain your education and career goals, hobbies and special interests, what you think you can contribute to the Covington County Youth Leadership Program, what you expect to receive from participating, and may contain other information to help the students and readers of the student directory know the quality of our student body. It will be judged on following instructions for preparing as stated, clarity of expression, and suitability for publishing in our Student Directory to publicize the program.

NOTE: See sample attached, this is intended to be a written document with a single photo of the student copied onto the page, not a scrapbook page.

Application Neatness and Ability to Follow Directions: (5% of application score)

Two References: (10% of application score):

Please include with your application reference statements from two individuals other than a parent or relative. The Reference Form attached must be used by both of your references. One reference must be a teacher or school counselor; the second may be from a personal reference of your choice. Recommendations must be submitted in a sealed envelope with the signature of your reference across the seal.

Parental Permission:

Parental permission must be indicated by completing the attached permission form and having it signed by the parent or guardian and by a witness.

Principal's Recommendation:

The Principal of your school (or his/her designee) must sign below to indicate that you have acceptable attendance, academic performance and leadership potential.

Principal or designee signature: _____ Date: _____

Please print the name and title of the person signing: _____

Your Verification:

You must also sign below. By signing below, you acknowledge that

1. you have completed this application with only minimal assistance from any others,
2. the statements made above are correct and true,
3. your activity schedule allows time for participation in this program, and
4. you understand the requirements for participation and completion of the Covington County Youth Leadership Program.

Student Signature: _____ Date: _____

Covington County Youth Leadership Program Code of Conduct

The Code of Conduct reflected below is designed to enhance student participation and promote the integrity of the CCYLP.

As a participant in CCYLP, I will conduct myself at all times in a positive manner and agree to the following.

1. I will have an open mind, act with honesty and integrity, and respect all others regardless of their background, opinion, or goals in life. I will show this respect by conducting myself in a manner that will not reflect badly on me, my fellow students, my school or the CCYLP.
1. I will maintain a healthy body, mind and spirit and encourage others to do so by modeling a lifestyle that is worthy of respect from others and avoids negative attitudes as well as the use of substances such as alcohol, other illegal drugs, and tobacco.
2. Recognizing that success requires the ability to lead as well as to follow, I will seek to maintain my individuality while working cooperatively with others for the improvement of myself, my school, my community and the CCYLP.
3. Recognizing my responsibilities to the CCYLP, I will attend all sessions and participate in all activities working with the leaders and other participants in a spirit of cooperation.
4. I understand that the use of wireless communication devices is restricted to breaks and other times specified by the leadership session coordinator, as to not distract or interrupt the leadership learning process. I understand that I may not utilize my device for social media, to answer phone calls, or to send or receive text messages during workshop presentations and/or tours. In case of an emergency, I understand that I may leave class and answer the phone or return a text message.

I have read, understand, and agree to the CCYLP Code of Conduct. I also understand that I must comply with the rules of conduct specified by my school, or if home schooled, the school to which I would be assigned. I acknowledge and agree that participation in the CCYLP is a privilege, not a right and violation of this code or my school code could result in disciplinary action being taken by the Advisory Committee including expulsion from the program or not being able to graduate from CCYLP.

Student Signature: _____ Date: _____

PROGRAM GRADUATION REQUIREMENTS

- Students must attend the class sessions – if more than the equivalent of one session is missed, you CANNOT graduate. Each session is planned to last for 6.5 hours; we track the hours you attend or miss and if you miss more than 6.5 hours of class sessions you WILL NOT get a certification of graduation from the CCYLP. **NO EXCEPTIONS to this attendance requirement.**
- You must complete **5 hours** of Community Service in a project selected by the CCYLP Advisory Committee. The project will be announced at the first session. This is a requirement for graduation from the CCYLP.
 - The Committee Project Chair selected by the CCYLP Advisory Committee is responsible for oversight of the Class Project.
 - The Committee Project Chair is delegated the responsibility of coordinating with the students and facilitating completion of the project. He/she will keep records of participation to document completion of this part of the requirement for graduation from CCYLP.
 - Each Student is responsible for their participation and expected to cooperate with the Committee Project Chair so they can facilitate completion of the project.

The purpose of the CCYLP is to allow you to work on developing leadership skills and knowledge. Taking personal responsibility is a part of this. Therefore, the responsibility of doing what is required to graduate from the program is yours. If you do not do what is required, you will not get a Certificate of Graduation.

Your application must include this page signed by the student and parent/guardian to acknowledge you understand the requirements to graduate and agree to these requirements.

Signature of Student: _____ Date: _____

Signature of Parent or Guardian: _____

Covington County Youth Leadership Program Permission to Participate

I give permission for my child, _____, to participate in the Covington County Youth Leadership Program for the 2021-2022 school year. I have read the overview of the program and understand the following:

- My child is to be present for all sessions. Any school responsibilities for make-up work will be done in a timely manner.
- It is my responsibility to provide transportation to/from the designated local site.
- My child will be traveling by bus, van, and/or privately owned vehicle during some of the sessions. By signing this form, I agree for my child to be transported by designated system vehicle and/or private vehicle in order to visit sites involved in the activity.
- My child is expected to follow health and safety rules; to follow the CCYLP Code of Conduct (*page 5 of this application*); to follow all rules of his/her high school, or, if home-schooled, the high school to which s/he would be assigned; and be cooperative with leaders, peers, and other participants in the program.
- By signing *this* form, I hereby agree to release the Covington County Youth Leadership Program and the Boards of Education, their representatives, agents, servants, Advisory Committee Members, and employees from liability for any injury to the above-named person at any time while attending activities, including travel to and from meeting sites, excepting only such injury or damage resulting from willful acts of such representatives, agents, servants, and employees.
- I give permission to qualified medical personnel to administer medical treatment to my child in the event it becomes necessary while involved in this activity.
- I give permission for my child to be photographed during class sessions and events for the purpose of promoting the CCYLP through social and print media platforms.

In case of emergency, who may we contact during the school day by phone:

Name: _____ Phone number to call: _____

Please list any medical conditions or information about your child that leaders should know.

Signature of Parent/Guardian: _____ Date: _____

Relationship: _____

Parent's phone number(s): Cell: _____ Home: _____

Work: _____

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Covington County Youth Leadership Program Reference Form

This form is required for all References:

The applicant is responsible for completing Section 1 of this form. Section 2 is to be completed by the reference.

Section 1: Applicant Information – applicant signature below acknowledges they have requested this reference be returned to CCYL and that they have waived any/all access to the reference.

Applicant Signature: _____ Print Applicant Name: _____

Section 2: Reference Portion

The person named above has applied for the Covington County Youth Leadership Program. Because the applicant will be working closely with other program participants and representing their school and community, it is important that we have a comprehensive understanding of the applicant’s abilities, background, and character.

The mission of the CCYLP is to prepare high school students who have demonstrated leadership potential to take active leadership roles in improving their homes, schools, and communities. The goals of the CCYLP are to encourage high school students to recognize and develop their self-discipline, self-respect, and leadership potential; to teach leadership and problem-solving skills that will foster an open-minded, non-violent approach to solutions; to provide students with a greater understanding of current issues through interaction with peers, leaders, and decision-makers in the community, region, and state; to expose students to resources available in our community and state; to provide students with opportunities to experience the difference they can make through volunteer service projects; and to expand students’ network of friends, peers, and contacts.

The CCYLP Advisory Committee is looking for students that may not have all the skills they need as a leader today, but have a desire to learn and grow as a leader.

Please rate the applicant in the following areas:

Check the appropriate box or leave blank if it does not apply.

	Below Average	Average	Above Average	Top 10%	Top 1%
General appearance, neatness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-assurance Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to serve others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 2 request narrative information on the applicant and your relationship to them:

1.	For how long and in what capacity have you known the applicant?
2.	What do you consider the applicant's primary talents/strengths?
3.	How well does the applicant accept direction, guidance and constructive criticism?
4.	In what ways have you observed this applicant exhibiting leadership characteristics?
5.	Comment on the applicant's relationship with his/her peers and the impact or influence he/she has on peers and/or community.
6.	How do you think this applicant will benefit from participating in the Coffee County Youth Leadership Program?
7.	Additional Comments:

Reference Information

Reference Name: _____

Occupation: _____ Place of Employment: _____

E-Mail Address: _____ Phone Number: _____

Signature: _____ Date: _____

**Thank you for taking the time to complete this form.
Please enclose this reference form in an envelope, seal the envelope and sign over the seal.**

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Desire to serve others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1.	For how long and in what capacity have you known the applicant?
2.	What do you consider the applicant's primary talents/strengths?
3.	How well does the applicant accept direction, guidance and constructive criticism?
4.	In what ways have you observed this applicant exhibiting leadership characteristics?
5.	Comment on the applicant's relationship with his/her peers and the impact or influence he/she has on peers and/or community.
6.	How do you think this applicant will benefit from participating in the Coffee County Youth Leadership Program?
7.	Additional Comments:

Reference Information

Reference Name: _____

Occupation: _____ Place of Employment: _____

E-Mail Address: _____ Phone Number: _____

Signature: _____ Date: _____

**Thank you for taking the time to complete this form.
Please enclose this reference form in an envelope, seal the envelope and sign over the seal.**

**COVINGTON COUNTY YOUTH LEADERSHIP
2021 – 2022 Tentative Calendar**

Event	Day of Week	Date	Time	Location
Applications Available	Tuesday	September 7		Emailed to School Counselors
Deadline to Accept Applications	Friday	September 17	3:00 p.m.	School Counselors
Session 1	Wednesday	September 29	8:00 a.m. – 2:30 p.m.	Orientation & Team Building Camp Butter & Egg
Session 2	Wednesday	October 20	8:00 a.m. – 2:30 p.m.	Healthcare
Session 3	Wednesday	November 17	8:00 a.m. – 2:30 p.m.	Agriculture & Industry
Session 4	Wednesday	December 8	8:00 a.m. – 2:30 p.m.	TBD
Session 5	Wednesday	January 19	8:00 a.m. – 2:30 p.m.	Local Government
Session 6	Wednesday	February 16	8:00 a.m. – 2:30 p.m.	STEM
Session 7	Thursday	March 10	8:00 a.m. – 5:00 p.m.	State Government
Graduation Reception	TBD			Certificate Ceremony & Student Presentations



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Jane Doe
Straughn High School
Jane.doe@email.com
(334)555-5555

My name is Jane Doe and I am currently a junior at Anywhere High School, home of the fighting Chipmunks. I am a country girl and live just outside of town with my family and pet goat, Petunia. I love music and play the guitar and piano.

While attending Anywhere High School I have been involved in several extra-curricular activities. Currently I am a member of the Glee Club, Anchor Club and this year I joined the Debate Team. I serve as Vice-President of the Junior Pilot Club and I am their Community Outreach Chairperson.

I work part-time as the activities director at the Kids Palace Day Care and I volunteer at the Neighborhood Night Out event and at the Petting Zoo sponsored by the Alabama Cooperative Extension Office.

When I graduate from high school I plan to attend the University of Alabama to pursue a degree in Biology. After I receive my Bachelor's Degree I plan to transfer to Auburn University's Veterinary Medicine Program to become a Large Animal Veterinarian. After completion of Vet School, I plan to return to Anywhere, Alabama to open my own Veterinarian Clinic.

Being a part of the Covington County Youth Leadership Program would allow me the opportunity to enhance my leadership skills, problem solving techniques and give me a better understanding of the importance of effectively communicating with my peers and community leaders. As a member of the leadership program, I would be given the chance to demonstrate the strong work ethic, team building skills, and perseverance I have learned through my experiences at home, school and work.

The sample above is to demonstrate the type page we need for your autobiography. This page will be copied and included in a student directory. Each student will get a copy of the directory and the directories will be used to demonstrate the type of students enrolled in the program. Be sure you include your email and phone number so that the other students will have contact information during the year.