THANK YOU FOR YOUR INTEREST IN JUNIOR LEADERSHIP SOUTHSIDE!

Averett University’s Center for Community Engagement & Career Competitiveness (CCECC) coordinates Junior Leadership Southside. This program will provide leadership orientation and development to rising juniors and seniors over a week-long period. Sessions will be held primarily at Averett University.

Program Dates: June 6 – 10, 2016

Please complete the following application. Incomplete applications will not be considered.

We have provided an application checklist below for your reference.

Email jls@averett.edu or call 434.791.7214 if you have any questions.

Completed applications and supporting documents should be mailed to:

Averett University
ATTN: CCECC
420 West Main Street
Danville, VA 24541

APPLICATIONS ARE DUE APRIL 6, 2016.

APPLICATION CHECKLIST

☐ Applicant neatly prints responses on pages 2 – 3 of the application.

☐ Applicant types or neatly prints responses to all three essay questions on page 4 IN HIS/HER OWN WORDS. Additional pages may be attached as necessary. Each answer should be approximately 150 – 200 words.

☐ Parent or guardian reads pages 5 – 6 of the application and provides necessary signatures. This is the only part of the application that the parent of guardian should complete.

☐ Applicant provides necessary signatures on pages 5 – 6 of the application.

☐ Applicant requests up to two letters of recommendation from non-related adults. These letters may be submitted BY THE RECOMMENDER electronically to jls@averett.edu or mailed to the address above in a sealed envelope with the recommender’s signature across the flap.
STUDENT INFORMATION

Full name: ________________________________

Preferred name: ________________________________

Home address: ________________________________

State: __________________ Zip: __________________

Home phone: ____________________________ Cell phone: __________________

Email: ________________________________

Please check the box that best describes you. □ Male □ Female

What is your date of birth? _____ / _____ / ______

ACADEMIC INFORMATION

High school name: ________________________________

High school address: ________________________________

Please check the box that reflects your academic status for Fall 2016.

□ Junior □ Senior

PRIMARY CONTACT (must be a parent or guardian)

Full name: ________________________________

Home address: ________________________________

State: __________________ Zip: __________________

Home phone: ____________________________ Emergency phone: __________________

Email: ________________________________
EXTRACURRICULAR ACTIVITIES
List up to five extracurricular activities with which you are currently MOST involved. Include any leadership positions you hold within these activities. Please note that these activities may include a job or volunteer experiences.

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<thead>
<tr>
<th>ORGANIZATION/GROUP</th>
<th>EXPLANATION OF INVOLVEMENT</th>
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<tbody>
<tr>
<td>Example:</td>
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<tr>
<td>Sports team</td>
<td>Example:</td>
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<td>I have been involved in soccer at my school and on a travelling team for the past 4 years. I am currently co-captain of my school’s soccer team.</td>
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ESSAY RESPONSES

Please answer the essay questions that follow so the committee can get to know you better. While there are no “right” or “wrong” answers, your overall score will be affected by your ability to articulate your thoughts in a clear, well organized response. ANSWER EACH QUESTION IN APPROXIMATELY 150 – 200 WORDS. Please attach additional sheets as necessary.

Question #1:
Most students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. Please share your story.

Question #2:
What is one thing about our region that you would highlight if you were writing an advertisement for it?

Question #3:
What is something in our region that you would like to work to improve?
This form needs to be read and signed by the applicant and her/his parent(s) or guardian(s). Please keep a copy for your records and submit a signed copy as part of your application. Applications are not complete without a parent/guardian signature.

By signing below you are giving consent to the participation of your son or daughter in the program and activities of Junior Leadership Southside (Averett University) according to the following terms and conditions.

I am the parent or legal guardian of the student named below, and I fully consent to my child’s participation in Averett University’s Junior Leadership Southside and in all related activities. I understand that Averett University will supervise my child’s participation in these activities, and I agree that I cannot hold Averett University responsible for any actions by my child or any damages or harm those actions cause to my child or others, and I agree to hold harmless and indemnify Averett University and any of its sponsors, board members, employees, agents, and volunteers for any liability sustained as the result of negligent, willful, or intentional acts of my child. I also release Averett University and any of its sponsors, board members, employees, agents, and volunteers from any liability which may be directly or indirectly incurred by my child as a result of or in connection with my child’s participation in Averett University and related activities.

I grant permission for my child to appear in person or in voice, video, or photographic presentation for radio, television, print, or Internet as it relates to these activities.

I have read and understand the participation policy and I accept the responsibility of providing transportation to/from program events for my child. I will express consent on every occasion I give someone else permission to transport my child to/from program events.

In the event Averett University is unable to contact me or to secure my oral consent in the case of a medical emergency involving my child, I hereby give the Averett University and its representatives permission to transport my child to a doctor or hospital and secure proper medical care and assistance for my child, including, but not limited to, hospitalization, treatment, medication, or x-rays. I further authorize any treating physician to use his or her discretion in providing emergency treatment. I agree to assume the responsibility for all medical bills for any treatment provided to my child and for any related expenses.

I have read the entire document. I understand it is a release of all claims. I understand that I assume all risks of injury involved in these activities and voluntarily sign my name.

APPLICANT NAME: ____________________________________________________________

PARENT/GUARDIAN NAME: ____________________________________________________

STREET ADDRESS: ____________________________________________________________

CITY: ___________________ STATE: _______________ ZIP CODE: _______________

HOME PHONE: ___________________ WORK PHONE: ___________________

PARENT/GUARDIAN SIGNATURE: ___________________ DATE: _______

APPLICANT SIGNATURE: __________________________________ DATE: _______
PARTICIPATION & FINANCIAL RESPONSIBILITY AGREEMENT

This form needs to be read and signed by the applicant’s parent(s) or guardian(s). Please keep a copy for your records and submit a signed copy as part of your application. Applications are not complete without a parent/guardian signature.

By signing below you are giving consent to the participation of your son or daughter in the program and activities of Junior Leadership Southside (Averett University) according to the following terms and conditions.

I am the parent or legal guardian of the student named below, and I fully approve and consent to my child’s participation in Averett University’s Junior Leadership Southside and in all related activities. I understand that my child will not satisfy the requirements of this program if he/she misses more than ONE session. In the event of an emergency or other extenuating circumstance, I will notify Averett University.

APPLICANT NAME: ___________________________________________________________________

PARENT/GUARDIAN NAME: __________________________________________________________________

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ______

APPLICANT SIGNATURE: ___________________________ DATE: ______

Please choose Option 1 or Option 2, and sign the applicable Financial Participation Agreement.

Option 1: I understand that participation in Junior Leadership Southside requires tuition of $195, which shall be the responsibility of the participating student and his or her parent or guardian. I understand that a nonrefundable fee of $195 is due to Averett University by May 9, 2016. Checks should be made out to Averett University with Junior Leadership Southside on the memo line. If necessary, payment plan options may be discussed.

APPLICANT NAME: ___________________________________________________________________

PARENT/GUARDIAN NAME: __________________________________________________________________

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ______

APPLICANT SIGNATURE: ___________________________ DATE: ______

Option 2: Limited financial assistance is available and will be distributed based on need. If accepted, I request scholarship assistance in the amount of ________ to defray the full tuition of $195. Please attach a statement demonstrating need.

APPLICANT NAME: ___________________________________________________________________

PARENT/GUARDIAN NAME: __________________________________________________________________

PARENT/GUARDIAN SIGNATURE: ___________________________ DATE: ______