



Youth Leadership Council APPLICATION

Completed applications are due by **June 15, 2018**.
Thank you so much for your interest in the YLC!

Please complete the application and return to:

Make-A-Wish Alabama
Attn: Christina Zabala
Community Relations Manager
400 Vestavia Pkwy., Suite 402
Vestavia Hills, AL 35216
czabala@alabama.wish.org

PERSONAL INFORMATION

Student's Name: _____ Birth date: ___ / ___ / ___

Home Address: _____

Student Phone: (____) ____ - _____ Student Email: _____

SCHOOL INFORMATION FOR AUGUST 2018 - JUNE 2019 SCHOOL YEAR

Name of School: _____

Extra-Curricular Activities and amount of time devoted to them: _____

Grade level: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Student: _____

Phone: (____) ____ - _____ Email: _____



**PLEASE ANSWER THE QUESTIONS BELOW.
FEEL FREE TO ATTACH ADDITIONAL SHEETS AS NEEDED.**

Why are you are interested in the YLC Program?

Do you have any prior involvement with Make-A-Wish? If so, please describe.

If you had one true wish, what would you wish for?

YLC will have a speaker attend the meetings quarterly to educate students on topics of interests, like how to interview well, the importance of good credit, student loans, etc. What topic would you be most interested learning about?

Are you able to attend monthly meetings between August 2018-May 2019? Yes No

Please attach your resume to the application.

PARENTAL / LEGAL GUARDIAN PERMISSION: I have reviewed the above application and YLC Flyer and understand the requirements of YLC members.

Parent/Guardian, Printed Name

Signature

Date

Student, Printed Name

Signature

Date