

# Leadership *Allegany!* Rising Class of 2021-2022 Application

Applications Must Be Submitted to Your School Counselor by September 2, 2021.

Please print legibly.

Be sure to read the Memorandum of Agreement, sign it and include with this application form.

## General Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name (or nickname) as it should appear on your name badge: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_ School Phone #: \_\_\_\_\_

List Any Dietary Needs: \_\_\_\_\_

\_\_\_\_\_

List Any Specific Allergy Concerns: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information:

Name of Parent/Guardian: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

## Interests/Community Involvement:

Briefly Describe Your Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include any volunteer activities (Please indicate organization): \_\_\_\_\_

\_\_\_\_\_

---

**Please respond to the following questions:**

What do you hope to gain from the **Leadership *Allegany!* Rising** experience? \_\_\_\_\_

---

---

---

What are your future college and career plans? \_\_\_\_\_

---

**Calendar Schedule**

<b><u>Topic</u></b>	<b><u>Date</u></b>
<b>Orientation</b>	9/15/2021
<b>Health Care/Social Services Day</b>	10/14/2021
<b>Government Day</b>	11/4/2021 11/18/2021 (snow date)
<b>Business/Economic Development/Career Day</b>	1/20/2022 1/25/2022(snow date)
<b>Higher Education Day</b>	2/10/2022 2/17/2022 (snow date)
<b>Graduation</b>	3/10/2022 3/17/2022 (snow date)

Mobile Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Group text may be sent to the applicant during the course of the year. Please sign below authorizing your permission.

---

Parent Signature

Date

I understand the purpose of the **Leadership *Allegany!* Rising** program, and that completion of this form does not ensure a candidate's acceptance in the Class of 2021-2022. If selected to participate, I will commit to the time required.

**Electronic Signature of Student:**

**Electronic Signature of Parent/Guardian:**

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_