

# Leadership *Allegany!* Rising Class of 2022-2023 Application

Applications Must Be Submitted to Your School Counselor by September 2, 2022.

**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 #: \_\_\_\_\_

Parent/Guardian E-mail Address: -----

## Interests/Community Involvement:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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**Please respond to the following questions:**

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

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

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**Calendar Schedule**

<b><u>Topic</u></b>	<b><u>Date</u></b>
<b>Orientation</b>	9/15/2022
<b>Health Care/Social Services Day</b>	10/13/2022
<b>Government Day</b>	11/10/2022 11/17/2022 (snow date)
<b>Business/Economic Development/Career Day</b>	1/19/2023 1/26/2023(snow date)
<b>Higher Education Day</b>	2/9/2023 2/16/2023(snow date)
<b>Graduation</b>	3/9/2023 3/16/2023 (snow date)

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

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Parent/Guardian 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 2022-2023. If selected to participate, I will commit to the time required.

**Electronic Signature of Student:**

**Electronic Signature of Parent/Guardian:**

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

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