

Leadership Claiborne County Student Leadership

"Advancing Tomorrow's Leaders"

Leadership Claiborne Student program is through the Claiborne County Chamber of Commerce. Its purpose is to promote community development, bring emerging youth leaders to the forefront, and develop an ongoing network of community leaders.

- Please complete the application fully and turn it in to your principal or counselor by Aug. 18, 2022. Tuition is \$250.00 and is due by October 15, 2022.
- The Leadership Claiborne Board will review applications and recommendations. We will send out welcome emails to those who are chosen and meet program guidelines.

Student Leadership Claiborne Application

Contact Information: Name preferred: Home Address/City/State/Zip: School attends: _____ Home phone: _____ Cell phone: Email address: Emergency Contact Number: **Organization and Activities:** Please list up to five school, community, civic, religious, social, athletic, or other organizations in which you have been involved. Activity/Organization Dates Responsibilities 2. 3. 4. 5.

Hobbies and Special Interests:

Please list any awards or honors you have received during the last three years:		
What do you consider your highest achievement to date?		
The most memorable, exciting, or unusual experience in my life so far was when:		
The three most significant challenges facing Claiborne County are: 1.		
2.		
3.		
The three things I like most about Claiborne County are: 1.		
2.		
3.		
What do you hope to gain from your participation in Leadership Claiborne?		
Any special food requirements or medical problems Leadership Claiborne should be made aware:		

References:

applicant would be an asset to the Leadership Claiborne Student program.			
Reference	How do you know them?	Phone Number	
1.			
2.			
3.			
Please include a one page essay about yourself not included on this application and on why you feel you have leadership qualities. REQUIRED			
Commitment:			
I understand the purposes of the Le necessary to complete the program. during regular school hours. The program of the purposes of the Le necessary to complete the program.	The class sessions are on a mo	onthly basis and are	

aware that I will not be counted absent from school, but that I must complete all missed work in the time-frame for each individual teacher. I agree to honor the commitment to

Date:

_Date:_____

_Date:____

Leadership Claiborne and show my agreement by signing this application.

Signature:

Parent Signature:

Principal's Signature:

References should be able to describe the applicant as a leader and explain why the