

# YOUTH LEADERSHIP SOMERSET

c/o Melania Tchir  
Somerset County  
P. O. Box 3000  
Somerville, NJ 08876-1262

## APPLICATION FORM FOR 2017-2018 PROGRAM YEAR

Participation in Youth Leadership Somerset helps build critical thinking, collaboration, and communication skills that strengthen leadership abilities. The program encourages young people to take active roles in their community, and use their unique talents to contribute to a better, brighter future.

**STUDENTS MUST BE RESIDENTS OF SOMERSET COUNTY  
TO BE ELIGIBLE FOR THIS PROGRAM.**

*Please complete the application form using only the space available to answer each question. Provide one letter of reference. No attachments should be submitted other than the letter of recommendation. Email completed application to [tchir@co.somerset.nj.us](mailto:tchir@co.somerset.nj.us).*

*Mail signed application and reference letter to the above address postmarked no later than May 15, 2017.*

Full Name: \_\_\_\_\_ I prefer being called \_\_\_\_\_

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Telephone: \_\_\_\_\_ Participant Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email address of parent/guardian: \_\_\_\_\_

Employment history: \_\_\_\_\_

School presently attending: \_\_\_\_\_

**Grade in Sept. 2017:**      \_\_\_\_\_ 9<sup>th</sup>      \_\_\_\_\_ 10<sup>th</sup>      \_\_\_\_\_ 11<sup>th</sup>      \_\_\_\_\_ 12<sup>th</sup>

**How did you hear about Youth Leadership Somerset?** \_\_\_\_\_  
**Demographic Data – Which categories describe you?**

- |   |  |
|---|--|
| _____ White                                     | _____ Hispanic, Latino or Spanish origin |
| _____ Asian                                     | _____ Black or African American          |
| _____ American Indian or Alaska Native          | _____ Middle Eastern or North African    |
| _____ Native Hawaiian or other Pacific Islander |  |

Gender: \_\_\_\_ Female \_\_\_\_ Male

Do you have any special needs? \_\_\_\_\_

How long have you lived in Somerset County? \_\_\_\_\_

**USE ONLY THE SPACE PROVIDED FOR ALL YOUR ANSWERS.**

Your School/Community Activities (Please list in order of importance to you):

From *your perspective*, what are the **two most critical** issues facing *Somerset County teenagers* today? Clearly and fully identify and describe the problem. Suggest a solution to these issues.

From *your perspective*, what do you believe is the most significant issue facing *Somerset County residents* today? Clearly and fully identify and describe the problem. Suggest a solution to this issue.

In ten years, how would you like to give back to your community?

**Describe a difficult issue you have faced in the community or at school. How did you work to resolve it?**

**What is your proudest accomplishment and why?**

**How would you describe a leader?**

**PLEASE PROVIDE ONE LETTER OF REFERENCE  
WITH THIS APPLICATION**

**Commitment**

Youth Leadership Somerset's program of nine sessions takes place one Saturday of each month from September through May. The sessions are approximately 4 - 6 hours long, and are held at various locations within Somerset County. Youth Leadership participants are expected to attend all sessions. **To graduate, participants must attend the two mandatory sessions (September and April), and may miss no more than one of the remaining sessions.** Participants should have the support and commitment of their parent(s) or guardian(s). Participation in leadership activities after the seminar year is encouraged.

**Class Dates for 2017-2018 Youth Leadership Program** *Dates may be subject to change*

\*Mandatory Session

**September 16, 2017\***  
October 21, 2017  
November 18, 2017

December 16, 2017  
January 20, 2018  
February 10, 2018

March 17, 2018  
**April 14, 2018\***  
May 5, 2018 - Graduation

I understand the requirements of Youth Leadership Somerset. I will devote the time to complete the program. I have the support and consent of my parent(s) or guardian(s).

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Candidate's signature

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Parent(s) or Guardian(s) Signature(s)