

## **Growing Leaders Application**

APPLICATION CRITERIA: Participants are young women in grades 9 through 12 attending high school in Cuyahoga County with interests in pursuing academic excellence, college graduation and personal improvement.

Student Name: (First)	(Last)	
Home Address:		
Email:	Home Phone: ( )	Cell Phone: ( )
School Name & Address:		Current Grade:
Parent/Guardian Name:		
Parent/Guardian Cell Phone: (     )	Parent/Guardian Email:	
Parent/Guardian Home Address:		
Please answer each q	uestion completely, honestly, and as sp	ecifically as possible.
<ol> <li>What do you hope to gain from you was your "takeaway"?</li> </ol>	ır participation in the Growing Leaders p	program? If you participated last year, wha
2. Describe a goal you would like to ac	ccomplish in your life. Why is it importan	nt to you?
3. What are some of your priorities ar	nd/or interests? What are some of your o	challenges?
4. Please list other out of school <b>SATU</b> Activity	JRDAY commitments (i.e. job, clubs, spor	
Activity	1 line of Ac	CHVITY

I hereby grant permission for the above named applicant to participate in all Growing Leaders activities, discussions, meals, workshops and sessions (virtual and in-person). I also grant permission to *Links Incorporated and the Western Reserve Chapter of the Links Incorporated* to use photographs and/or video of the above named applicant in publications, news releases, online, and in other communications related to the mission of *The Links Incorporated*. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of the Western Reserve Chapter of the Links Incorporated. We

understand the importance of attending in advance, should absence be required	_	ommit to contacting the Growing Leaders Program,
Printed Applicant Name	Applicant Signature	 Date
Printed Parent or Guardian Name	Parent or Guardian Signature	 Date