

## Leader Academy Application 2024 - 2025

Contact Information	
Name:	
School Attending:	
Home Address:	
Home Address 2:	
City/Town:	
State:	
ZIP:	
Name You Prefer to be Called:	
Your Email Address:	
Your Cell Phone Number:	
2. Add'l Contact Information	
Your Age:	
Your Gender:	
Your T-Shirt Size (adult size):	
Parent/Legal Guardian Name:	
Parent/Legal Guardian Email:	
Parent/Legal Guardian Phone#:	

organizations or activitie	s in which you have participated during the last four years.
Most Important to me	
2nd Most Important to me	
3rd Most Important to me	
	experience(s) you have had, paid or volunteer, and briefly tell what it involved. If , would it interfere with your participation in Leader Academy?
<del>-</del>	, educational and/or career goals) have you set for your future, and how do you
plan to attain those goal	5?
	ership role(s) that you have had in your school, community, church, work or family the responsibilities you had in that role
7. Tell us about a leader	you know and why they make a difference.
8. What benefits do you	hope to receive by participating in Leader Academy?

3. Please list, in order of importance to you, up to three school, volunteer, religious, social, athletic, or other

		knows you well, other than a parent or relative (for example, a tea youth leader, etc.).	cher, scout leader,
1.	Name of Educator Reference:		
Pos	sition/Title:		
Em	ail Address:		
Tele	ephone Number:		
2.	Name of other Adult Reference		
Pos	sition/Title:		
	nool / Firm / panization:		
Ema	ail Address:		

9. Please list two people who would be a reference for you:1) your high school principal, counselor, or teacher and

Telephone Number:

Applicants are nominated during their Freshman Year 2024 by school officials. Their applications are reviewed by a committee of business leaders and participants are limited to class capacity for that particular year. For the 2024/25 Class, we are selecting 20 student leaders to participate in Charleston County.