

Leader Academy Application 2025-2026

1. 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?			
-	, educational and/or career goals) have you set for your future, and how do you			
plan to attain those goal	5?			
6. Tell us about the leadership role(s) that you have had in your school, community, church, work or family life, and tell us some of 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

2) any adult who kno coach, church you	elative (for example, a teacher, scout leader,
Name of Educator Reference:	
Position/Title:	
Email Address:	
Telephone Number:	
2. Name of other Adult Reference	
Position/Title:	
School / Firm / Organization:	

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

Email Address:

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 2025/26 Class, we are selecting 25 student leaders to participate