



NAME _____ DATE: _____ AGE _____

**2018 - 2019 Leaders of Tomorrow
Atlanta Chapter**

LEADER APPLICATION PACKET

LAST NAME:	
FIRST NAME:	
DATE OF BIRTH:	
EMAIL ADDRESS:	
CELL NUMBER:	
Text OK?	
HOME PHONE:	
HOME ADDRESS:	
CITY, STATE, ZIP	
PARENT/ GUARDIAN I: LAST NAME, FIRST NAME	
RELATIONSHIP TO STUDENT:	
EMAIL ADDRESS:	
CELL NUMBER	
PARENT/GUARDIAN II: LAST NAME, FIRST NAME	
RELATIONSHIP TO STUDENT:	
EMAIL ADDRESS:	
CELL NUMBER:	
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT PHONE:	
RELATIONSHIP TO STUDENT:	
PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS OR WRITE N/A: none	

NAME _____ **DATE:** _____ **AGE** _____

NAME OF HIGH SCHOOL:	
STREET ADDRESS:	
CITY, STATE, ZIP:	
CURRENT GRADE (2018-19):	
G.P.A (May/June 2018):	
HONORS/AP/IB CLASSES:	
AWARDS:	
FAVORITE SUBJECTS:	
SUBJECT(S) IN WHICH YOU STRUGGLE:	
EXTRA CURRICULAR ACTIVITIES	List Activity, Position Held and Grade Participated
LIST ANY COMMUNITY SERVICE/VOLUNTEER PROJECTS:	
LIST COLLEGES/UNIVERSITIES YOU ARE INTERESTED IN APPLYING TO:	
LIST YOUR CAREER GOALS AND /OR COLLEGE MAJOR:	
HOW DO YOU PLAN TO PAY FOR COLLEGE? :	
LIST COLLEGE SCHOLARSHIPS APPLIED TO AND/OR RECEIVED AND THEIR VALUE.:	

NAME _____ DATE: _____ AGE _____

WHY DO YOU WANT TO JOIN THE LEADERS OF TOMORROW?

HOW HAVE YOU OR HOW WILL YOU DEMONSTRATE LEADERSHIP IN LOT OR WITHIN YOUR SCHOOL OR COMMUNITY?

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE *(If under 18 years of age)*

DATE