



PRESCOTT AREA YOUTH LEADERSHIP 2012 ACADEMY

APPLICATION (please print clearly or type)

Name: _____
Last First MI

Nickname or Name you prefer: _____ Female ___ Male ___

Mailing Address: _____
Street City / State Zip

Physical Address: _____
Street City / State Zip

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

Parent or Guardian: _____

Contact Information: _____

School: _____ Grade: _____

Personal References:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Respond to the following questions using no more than two pages of paper, 12 point font size, and single spaced. Include your name, heading and number for each response.

1. Describe your current educational goals.
2. In the order of importance to you, list your community, civic, religious, social and/or other activities you have been involved in.
3. Describe the community activities that have been most meaningful to you and why.
4. Identify and describe what you feel are two (2) significant challenges we face in Central Yavapai County.
5. What do you hope to learn from Prescott Area Youth Leadership?
6. Why would you like to participate in Prescott Area Youth Leadership?
7. How did you hear about Prescott Area Youth Leadership?

Fax or Mail Completed Applications to: fax # 928 (928) 776-9738 attn: Barb Bruce.

Prescott Area Youth Leadership, Inc.
P.O. Box 3544
Prescott, Arizona 86302-3544