



## ABOUT YOUTH LEADERSHIP BULLOCH

Youth Leadership Bulloch is a flagship program of the Statesboro-Bulloch Chamber of Commerce, designed to identify future leaders. This is accomplished by exposing participants to a network of peers and community leaders. This exposure will provide greater insight and broader knowledge of the issues facing our community at-large. It is the program's mission to develop future leaders who will take an active role as an adult, in the decision-making process of their community.

## OBJECTIVES OF YOUTH LEADERSHIP BULLOCH

- Identify exemplary high school  **juniors**  who have demonstrated leadership qualities and concern for their community through volunteer service and civic engagement.
- Select class participants who represent the various geographic areas and demographic groups of Bulloch County.
- Deliver a Program of Work that will *acquaint participants with the community's economic and civic infrastructure, opportunities and threats, and the resources used by community leaders and decision makers in addressing such issues.*

## COMMITMENT OF THE PARTICIPANT TO THE YOUTH LEADERSHIP BULLOCH PROGRAM

1. By submitting this application, a participant is committing to participate in the Youth Leadership Bulloch program. It is necessary for applicants to understand the program's requirements prior to submitting their application. Applying for the Youth Leadership Bulloch program does **NOT** guarantee the student will be accepted. Class selection is a competitive process and in-person interviews may be conducted. A selection committee will notify all applicants of their status.
2. Once selected to the Youth Leadership Bulloch program, it is the responsibility of the student to make necessary arrangements in order to attend each class session – students are expected to attend the entirety of all sessions. Sessions are scheduled during school hours. Students must be able to provide their own transportation, and they are encouraged to carpool. If a student cannot provide their own transportation, please email [leadershipbulloch@statesborochamber.com](mailto:leadershipbulloch@statesborochamber.com) upon acceptance to make arrangements for transportation. **We will make every effort to make sure transportation is not a barrier for participation in the program.**
3. In the event of an unexpected/unavoidable absence, a **letter of explanation** must be sent to the Chamber of Commerce office (Attn: Youth Leadership Bulloch) within one week of the missed session (one week in advance if the student knows about the event). **If two sessions are missed the participant will not be considered for graduation.**
4. Payment of \$350 is expected upon acceptance in the program from the student, parent/guardian, or sponsoring school/organization. If you would like to be considered for a needs-based tuition scholarship, please email [leadershipbulloch@statesborochamber.com](mailto:leadershipbulloch@statesborochamber.com) to obtain the necessary paperwork to apply, once accepted.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
                                    First                                    M.I.                                    Last                                    Preferred

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ School: \_\_\_\_\_

**SCHOOL/SPORTS/COMMUNITY SERVICE**

**A separate sheet of paper may be attached if the applicant needs more space to answer.**

\_\_\_\_\_ Organization \_\_\_\_\_ Position(s) Held \_\_\_\_\_ Period of Service \_\_\_\_\_

**DISTINGUISHED HONORS & AWARDS**

\_\_\_\_\_ Organization \_\_\_\_\_ Name of Honor/Award \_\_\_\_\_ Year Received \_\_\_\_\_

## ESSAY QUESTIONS

**A separate sheet of paper may be attached if the applicant needs more space to answer.**

What have you learned through your involvement in extracurricular activities, civic engagement, volunteer roles or employment that will make you a great candidate for this program?

What do you hope to gain from YOUTH LEADERSHIP BULLOCH? How do you plan to apply the knowledge you will gain to benefit your community?

List your leadership characteristics, provide examples of how you use those in your day-to-day life.

**EMPLOYMENT (IF APPLICABLE)**

Employer: \_\_\_\_\_

Period of Service: \_\_\_\_\_ Title: \_\_\_\_\_

Work Schedule: \_\_\_\_\_

**PROGRAM REQUIREMENTS**

Please initial:

\_\_\_\_\_ I understand that upon acceptance to the 2024-2025 YOUTH LEADERSHIP BULLOCH class, I will be required to attend the **mandatory** Meet & Greet and the 6 class sessions (tentative schedule attached.) **I understand that if I miss TWO sessions, I will not be considered for graduation.**

\_\_\_\_\_ I understand that tuition for the YOUTH LEADERSHIP BULLOCH Program is \$350, payable **upon acceptance. (DO NOT SEND PAYMENT NOW)**

\_\_\_\_\_ I understand that if I am dual enrolled and that schedule conflicts with the youth leadership schedule (attached) then I must immediately notify the youth leadership Bulloch coordinator to determine if I can continue as a participant in the youth leadership Bulloch program. **For safety and liability purposes, the class participants must arrive at the beginning of the session and will not be dismissed until the session ends.**

\*\*Tuition may be paid by a participant, his/her parents/guardians, or school/organization.

Applicants for the YOUTH LEADERSHIP BULLOCH program must have the support and commitment of their parent/guardian. The signature of a parent/guardian is necessary as an indication of the permission and support of the applicant's participation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED APPLICATION BY MAY 16, 2024**

**VIA EMAIL OR MAIL ONLY**

**STATESBORO BULLOCH CHAMBER OF COMMERCE**

**ATTN: YOUTH LEADERSHIP BULLOCH**

**P.O. Box 303**

**Statesboro, GA 30459**

**leadershipbulloch@statesborochamber.com**

## GUIDANCE COUNSELOR FORM

### APPLICATION CERTIFICATION

**\*To be filled out and signed by a School Guidance Counselor and submitted directly to the Chamber from Guidance Counselor, no exceptions.**

Do you recommend this student for the YOUTH LEADERSHIP BULLOCH program? \_\_\_\_\_

Is or does the student plan to be dual enrolled for the 2024-25 Academic Year? \_\_\_\_\_

**\*If yes, please attach their schedule, if available**

Student's Name: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

**\*\*Please email this form to [leadershipbulloch@statesborochamber.com](mailto:leadershipbulloch@statesborochamber.com) with Youth Leadership Bulloch – Student's Name as the subject\*\***