



Look to Clermont

Confidential Application

Legibly complete every section of this application. Responses should be limited to the space provided.

PERSONAL DATA

Name: (last) _____ (first) _____ (middle) _____
 Name you prefer to be called: _____
 Date of Birth: _____ Sex: M F
 Home Address: (street) _____
 City & State _____ Zip: _____
 Home Phone: _____ Email Address: _____
 Parent(s) or Guardian Name: _____
 Parent(s) or Guardian Address: _____
 Parent(s) or Guardian Daytime Phone: _____

SCHOOL DATA

School: _____ Grade in 2008/09: 11th 12th
 Address (street): _____
 City & State: _____ Zip Code: _____
 School Phone: _____ School Fax: _____
 School Guidance Counselor: _____
 School Principal: _____

SCHOOL/COMMUNITY ACTIVITIES

Please list in order of importance including Special Honors/Awards

Organization/Activity	Position/Participation

Honors, Awards, Achievements

WORK EXPERIENCE

List any part-time job experience, paid or volunteer and briefly explain what it involved.

Do you currently have a part-time job? _____ How many hours per week? _____

GENERAL

Give an example of how you have demonstrated individual leadership

What benefits do you expect to gain from your participation in Look to Clermont?

What will you contribute to this program?

CRITERIA FOR SELECTION

Class members must be high school juniors or seniors, reside in Clermont County and have:

- high standards of personal quality and integrity;
- sincere willingness to serve the community;
- participation in school or community activities;
- 3.0 or higher GPA;
- parental permission and support;
- PSEO-eligible class load.

REFERENCE

Please include two letters of references: one from someone who knows you at school (faculty member); one from someone other than a parent or guardian who knows you outside of school.

PARENTAL PERMISSION FORM

Dear Parent/Legal Guardian:

By participating in Clermont 20/20, Inc. youth leadership program, *Look to Clermont*, your son/daughter is making a commitment to take part in an outstanding leadership development program. This form is to verify that you are aware of the program requirements and that students are expected to attend all program activities.

PROGRAM REQUIREMENTS

- Orientation for parents & students in April
- One-day teambuilding retreat in September
- Full-day class meetings the third Wednesday of each month (September – March)
- Complete one class project (requires time outside of class)
- Graduation in April
- Leadership Day in May
- Dress Code – Class Days – Casual – No jeans
Leadership Day and Graduation – Semi-formal
- Transportation – Meetings will be held at a variety of sites throughout the county. Specific locations and direction will be mailed to student along with class agendas. Students are to provide own transportation to and from class sites and occasionally between sites on given class days.

ATTENDANCE

- Students are expected to be on time for each class session and project team meetings
- Students may not miss more than one class meeting and one project meeting
- Absences due to extenuating circumstances may be excused, but no more than once in the program year. Absences due to illness must be accompanied by a signed doctor's note, but no more than one during the year.
- Absences will be communicated to school principals/counselors as they occur

PROGRAM PARTICIPATION

I have read and understand the program requirements, including the attendance policy. My son/daughter has my support and permission to participate in the Look to Clermont youth leadership program.

Signature of Parent or Legal Guardian

Date

FUNDING

The post secondary option application fee is \$50.00 per student and requested with complete application (please make check payable to – The University of Cincinnati) Please check with your guidance counselor to determine if your district pays this fee for you. The remaining costs are funded by individual, corporate, community organization, school and college contributions.

PARTICIPATION AGREEMENT

I permit Clermont 20/20 to print photographs and biographical information about myself in the Graduate Directory and in material promoting the programs and accomplishments of its graduates.

Yes _____ No _____

Signature of Applicant

Date

This verifies the applicant's understanding of attendance requirements, project and commitment to class

Signature of Principal

Date

This verifies the principal's understanding of attendance requirements.

Signature of Parent or Guardian

Date

This verifies the parent or guardian's understanding of their son/daughter's commitment..

Signature of Guidance Counselor

Date

This verifies the review of the student's eligibility.

APPLICATION RETURN

- Return application packet or bring packet with you to orientation.
- Remember to include all the information itemized on the Application Checklist!

Mail or deliver to:

Clermont 20/20, Inc.
Leadership Development
1000 Ohio Pike, Suite 2
Cincinnati, Ohio 45245
513-753-9222
513-753-1225 fax

