

# LEADERSHIP AMARILLO & CANYON

## Teen Program Application

Please fill out the form and return to Lisa Blake at [lisa@leadershipamarillo.org](mailto:lisa@leadershipamarillo.org)

Or Mail to: Leadership Amarillo & Canyon, P. O. Box 1626, Amarillo, TX 79105



Applicant's First Name

Applicant's Last Name

School Currently Attending

Daytime Phone Number/Cell

Email

**Applicant Commitment:** I understand that attendance is vital to successful completion of Teen Leadership Amarillo & Canyon and I will devote the time and resources necessary to complete the program.

Agreed

\_\_\_\_\_  
*Applicant's Signature*

### Parental/Guardian Agreement:

Applicants for the LAC program must have the support and commitment of their family. Your approval is necessary as an indication of support of the applicant's participation in the program.

**Parental/Guardian Approval**

Full Name

Date

What do you believe is most concerning in our community and why?

Parent/Guardian Name

Parent/Guardian Phone #

Student's Grade Level

**References** Please list the name and phone number of 2 adults in the community or teachers that can attest to your leadership abilities.

#1 Reference Name

#1 Reference Phone

#2 Reference Name

#2 Reference Phone