



Fulton County Youth Leadership Academy for Girls

Sponsored by Vice-Chairman William “Bill” Edwards and the Fulton County Board of Commissioners

2010-2011 PROGRAM INFORMATION & APPLICATION FORM

The Academy

The Fulton County Youth Leadership Academy for Girls sponsored by Fulton County Commissioner Vice-Chairman William “Bill” Edwards is one of the initiatives of the Call to Womanhood Program housed in the Fulton County Human Services Department, Office of Children and Youth. The primary objectives of the program are to empower young females to become effective leaders capable of distinguishing themselves through their visions, conceiving and implementing strategies, and positively transforming their communities, as well as the lives within them.

Youth Requirements

- Be a resident of Fulton County
- Be a 3rd grade student enrolled in a Fulton County Public School System
- Maintain enrollment in Fulton County Public School System, as well as maintain “C” grade average
- Have demonstrated leadership capabilities
- Be recommended by teacher, principal, or counselor
- Able to read at appropriate grade level
- Commit to full participation which include Saturday sessions (9:30-3:00) & special events, 6 week summer camp (7:30am-6:00pm) *Parent and Student must sign participation agreement
- Must wear uniform to all meetings

The program seeks a diverse group of students who have leadership potential. Selection is made by a committee of community representatives. Selected applicants will receive notification of their interview date within ten days of application due date.

PARENT RESPONSIBILITY

Transportation to and from each session is the parent's responsibility. Transportation within each session is provided. There is no cost for students involved in the program; **however parents must purchase an academy uniform and plan and facilitate 2 fundraisers per year.** Parent and/or Guardian of selected participants must attend the parent orientation. During orientation, parents will be informed of the expectations of leadership participants. The orientation is also designed to provide parents with an opportunity to meet staff and ask questions about program expectations.

SATURDAY ACADEMY

Leadership Academy Participants will cover various community issues such as arts and culture, poverty, economic development and provide opportunities for students to develop their personal leadership style.

COMMUNITY SERVICE

Leadership participants are expected to host or participate in one community service project a month. Additionally, leadership participants will serve as volunteers during the year to learn more about various areas of business, and community service. This allows the student to observe a successful agency who has made a commitment to the community.

TO APPLY

Applications may be obtained through your school Principal, Guidance Counselor, and/or Student Council Advisor. You may also obtain an application by contacting Marcie McClellan, Call to Womanhood Coordinator at 404-613-7937 or Marcie.McClellan@fultoncountyga.gov .

Applications may be photocopied however all signatures must be original.

Send the completed original application to:

Fulton County Youth Leadership Academy for Girls
2799 Metropolitan Avenue
Cottage 2
Atlanta, Georgia 30314

Faxed or emailed applications will not be accepted

APPLICATIONS MUST BE POSTMARKED BY Wednesday April 4, 2010

APPLICATION FORM

DIRECTIONS

Complete all sections of this application using dark ink. You must print legibly, or type. All answers must be on this form. The form may be photocopied. **Be sure to include all 4 required signatures. Three are listed on this page. The fourth signature is required on the reference page.**

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____

Please check one:

African-American Asian Caucasian Hispanic Native American Other (Please specify)

How did you hear about the Fulton County Youth Leadership Academy for Girls?
(School, church, friends, community organizations or others)

SCHOOL INFORMATION

School _____
Principal _____
School Address _____
City _____ State _____ Zip _____
Telephone _____

I understand the commitment involved with the Fulton County Youth Leadership Academy and will authorize this applicant's participation. I verify the applicant's graduation year as stated above.

Signature of Principal or Administrator Title

Date

Please print name

COMMITMENT OF APPLICANT

If selected, your success in this program depends upon your personal commitment to being an active, involved, participating member. Please read the following statement, think carefully about it and sign your name to indicate your agreement.

