



APPLICATION AGREEMENT

Student Name: _____

Student Consent

- I am aware of the program dates.
- I will clear my calendar to attend the mandatory Opening Retreat and Graduation.
- I will commit to attend a minimum of 6 out of the 7 required day-long class days.
- I understand that if I miss two class days OR any of the mandatory events, I will be ineligible to continue the program.
- I understand that attendance requirements are strictly enforced in order to maintain the integrity of the program and out of respect for my fellow classmates.

By signing this application, I agree to be bound by this commitment if I am selected for Youth Leadership Polk.

Student Signature: _____

Date: _____

Parent or Guardian Consent

- I have read the program overview and understand both the commitment and opportunities involved for my student if selected for this program.
- If my student is selected into the Youth Leadership Polk Program, I will guarantee my cooperation and support.

Parent or Guardian Signature: _____

Date: _____

School Consent

- This student has a 3.0 or higher GPA.
- This student will have permission to attend all Leadership Winter Haven Class Days listed on the Program Overview.

***Designated School Signature:** _____

Date: _____

- Lake Region High School - Student Success Coaches (Mrs. Bien-Aime or Mrs. Perez)
- Winter Haven High School - Ms. Jordan, Assistant Principal
- All other schools may have their guidance counselor or an administrator sign.