

**TWIN CEDARS' MERIWETHER YOUTH LEADERSHIP
AND SERVICE PROGRAM APPLICATION**

I. PERSONAL INFORMATION

Name: _____
(last) (first) (name preferred)

Home Address: _____
(street and number)

_____ Home Phone: _____
(city/state) (zip code)

School: _____

Date of Birth: _____ Male/Female: _____ Ethnic Background: _____

Name of Parent or Guardian: _____

II. LETTERS OF RECOMMENDATION

Two Letters of Recommendation are required. Please supply two pre-addressed envelopes (Twin Cedars' Meriwether Youth Leadership and Service Program, Attention: Mandy Strickland, P.O. Box 1526, LaGrange, GA 30241,) with your recommendation form. These letters should be written by the following:

1. One school official (teacher, counselor, etc.) who knows you
2. One other adult who knows you or has worked with you in some organizational or supervisory capacity (i.e. minister, employer, etc.)

NOTE: These recommendations must be submitted on or before November 25th to the Twin Cedars Youth Services, Inc. Meriwether Youth Leadership and Services Program, P.O. Box 1526, LaGrange, GA 30241 in order to complete your application. It is vital that you follow-up to ensure that each letter of recommendation has been mailed by the November 25th date for your application to be valid. Also note, your application must be signed by both applicant and nominator.

III. ACTIVITIES/INTERESTS/HONORS/AWARDS

Please list below the school, church and community activities in which you are involved, any special interests or hobbies you have, and any honors or awards you have received.

IV. COMMITMENT TO THE PROGRAM

What would you hope to gain from your involvement in the Twin Cedars' Meriwether Youth Leadership and Service Program, and what do you feel you could bring to the program?

V. Have you been nominated for Twin Cedars' Meriwether Youth Leadership and Service Program previously? _____

VI. Size T-Shirt _____

The Twin Cedars' Meriwether Youth Leadership and Service Program will involve your participation from January through June.

This application form must be received by Twin Cedars Youth Services, Inc., P.O. Box 1526, LaGrange, GA 30241, Attention: Mandy Strickland no later than November 20, 2005.

If selected for the program, you must make a commitment to attend all sessions.

The Twin Cedars' Meriwether Youth Leadership and Service Program sessions are tentatively scheduled for evenings and/or Saturdays. If you are involved in sports, band or any other extracurricular activity after school, please get the approval and signature of the person in charge of the activity for you to participate in the Twin Cedars' Meriwether Youth Leadership and Service Program.

Signature

Applicant's Signature: _____

Nominator's Signature: _____

(2)
**RECOMMENDATION FORM
FOR
THE TWIN CEDARS' MERIWETHER
YOUTH LEADERSHIP AND SERVICE PROGRAM**

Student's Name: _____

Length of time you have known the student: _____

In what capacity have you known the student: _____

List student's leadership accomplishments that you are aware of and make comments regarding student's leadership abilities (be as specific as possible):

In light of the above comments, list what you feel the student could contribute to this program:

Understanding that some students may exhibit more potential than accomplishments in this area, please comment on the leadership potential this student has exhibited with his/her peers and with individuals older and younger than himself/herself. (Be as specific as possible.)

Comment on the benefits you feel this student would receive from participating in the Twin Cedars' Meriwether Youth Leadership and Service Program.

Additional comments to support your recommendation of the student: _____

*** Please use front and back of this form **only** for the recommendation responses.

Name: _____

Address: _____

Phone: _____

When you have completed this form, send it to:

**Twin Cedars' Meriwether
Youth Leadership and Service Program
Attention: Mandy Strickland
P.O. Box 1526
LaGrange, GA 30241**