



**FRED SAIGH YOUTH LEADERSHIP PROGRAM
2012 – 2013 Student Application**

(This form to be completed by the student and must accompany the Teacher Nomination Form)

Please complete all information on the application form. Additional information may be attached. All forms must be signed. Send the completed application to Special Education Foundation, 10176 Corporate Square Dr., Suite 100, St. Louis, MO 63132. **APPLICATION MUST BE POSTMARKED BY APRIL 26, 2012.**

Student Name _____ **Grade (now)** _____

Parent(s) _____ **Home Phone** _____ **Work Phone** _____

Parent(s) Email _____

Address _____
Street City State Zip

School _____ **District** _____

E-mail Address _____

Teacher Nominator _____ **Title** _____

You are free to reproduce this form, however, please limit your answer to the space provided. You may request help from your teacher or parents when completing the application.

Why do you wish to be a part of the Leadership Program? _____

What does leadership mean to you and how would you define a leader? _____

What has been your greatest challenge and how did you face this challenge? _____

Who is your role model and why? _____

Please list your school activities and/or achievements. _____

Please list your interests and the kinds of things that you enjoy doing. _____

What is a recent movie you saw or book that you read that had a significant impact on you and why? _____

Youth Leadership – Name of Applicant _____

What are your goals for the future? _____

I am committed to being a part of the Fred Saigh Leadership Program and will attend each of the leadership sessions and complete assignments as required.

Printed Student Name

Parent/Guardian Signature

Student Signature

Date

Date