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20/20 Leadership Program Application 2017 - 2018

PERSONAL DATA

2017 – 2018 Grade Level (circle one): Freshman Sophomore Junior Senior

Mr. or Ms. (circle one) Name: _____

Home Address (include full address, including street, city, state and zip code)

Phone Number: _____ cell phone home phone (circle one)

School: _____

Email: _____

Birthdate (MM/DD/YYYY): _____ Student ID #: _____

Current GPA: _____

How did you learn of 20/20 Leadership?

What are your goals after graduating from high school? How do you expect that 20/20 Leadership can help you achieve those goals?

Please list any employment and civic, professional, religious, community, athletic, social or other organizations that you currently participate in.

ORGANIZATION

TITLE/RESPONSIBILITY

COMMITMENT

APPLICANT COMMITMENT

I understand that, if I am selected as a participant in *20/20 Leadership*, attendance is required when regular leadership meetings take place, and I am willing to attend the functions sponsored by the program. As a member of the organization, and as a future alumnus, I accept responsibility for my actions and will represent myself, family and *20/20 Leadership* in an appropriate, polite and respectful manner. I will not engage in bullying, harassing or discriminating behavior. I understand that if I fail to meet any part of the obligations of participating, I may be asked to withdraw from the program.

I hereby certify that the information provided above is complete and correct.

Signature _____ Date _____
(APPLICANT)

SCHOOL COMMITMENT

Applicants for the *20/20 Leadership* Program must have the support and commitment of their school. The signature of the principal of the school is necessary as an indication of the support of the applicant's participation in the program.

_____ has my full support for the time and personal commitment required to participate effectively in *20/20 Leadership*.

Signature _____ Title _____ Date _____
(Principal or Counselor)

PARENT/GUARDIAN COMMITMENT

My child has my permission to participate in the *20/20 Leadership* program, and I endorse his or her participation in the program curriculum. I agree to allow my child to be included in data collection to assist in providing outcomes for the *20/20 Leadership* program. I approve the use of photos and videos of my child and statements made by my child in program publicity, press releases, program promotion, and similar uses. I also endorse inclusion of my child's name on the student and school list.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Names and Contact Phone Number

Notification Statement of Nondiscrimination for *mokan 20/20vision dba 20/20 Leadership*

In compliance with the Executive Order 1124: Title II of the Education Amendments of 1972; Title VI of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972; Title IX Regulation Implementing Education Amendment of 1972; Section 504 of the Rehabilitation Act of 1973; and all other Federal, State, School rules, laws, regulations and policies. **20/20 Leadership** of Johnson and Wyandotte Counties in Kansas and Jackson County, Missouri shall not discriminate on the basis of sex, race, color, national origin, or handicap in the programs or activities which it operates.

Revised September 2017

CONTACT INFORMATION

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