

MARION BARRY

YOUTH LEADERSHIP INSTITUTE



FIRST-YEAR PARTICIPANT APPLICATION

Applicants for the Marion Barry Youth Leadership Institute (MBYLI) must be residents of the District of Columbia and 14 to 19 years of age and apply to the Mayor Marion S. Barry Summer Youth Employment Program (MBSYEP). To apply to MBSYEP, please go to summerjobs.dc.gov. For information about MBYLI, please call (202) 698-5826.

PERSONAL INFORMATION (Please print or type)

Name _____
(Last) (First) (Middle)

Home Address _____ Apt. # _____
(City) (State) (Zip Code)
Ward _____

Social Security Number _____ Email Address _____

Birth Date _____ Age _____ Gender _____
(Male) (Female)

Telephone No. () _____ () _____
(Home) (Cell)

Parent/Guardian Name _____ Relationship _____

Telephone No. () _____ () _____
(Home) (Cell)

Address _____
(City) (State) (Zip Code)

Name of School _____ Grade _____

In case of emergency, whom should we contact?

Name _____ Relationship _____

Address _____ Telephone No. () _____
(City) (State) (Zip Code)

How did you learn about the Institute? _____

WORK EXPERIENCE/VOLUNTEER EXPERIENCE

List work experience(s) (include dates of employment, volunteer, and community service). _____

TALENTS AND INTERESTS

List your extracurricular activities, hobbies, and interests. _____

HONORS AND AWARDS

List your honors and awards. _____

POST-SECONDARY PLANS

Please tell us your plans upon graduation. Check all fields that apply.

Two-Year College _____ Vocational /Trade Training _____ Full-Time Employment _____
Four-Year College _____ Military _____ Not Sure _____

FUTURE CAREER INTERESTS

Please check all fields of interest that apply.

Business _____ Science _____ Hospitality _____
Entertainment and Media _____ Government _____ Education _____
Technology _____ Entrepreneurship _____ Other _____

RECOMMENDATION FORM

This recommendation must be completed by a community leader, teacher, employer, adult mentor, or leader from the faith-based community. The individual cannot be a family member or a personal friend. Please return this form to the MBYLI office by close of business on April 22, 2016. This form can be mailed to: Attn: MBYLI 4058 Minnesota Avenue, NE, Washington, DC 20019 or scanned and emailed to MBYLI@dc.gov.

Applicant Name _____

Please rank the applicant on a scale of 1 to 10, with 10 being the highest, in the following categories:

- | | | | | | |
|--------------|-------|----------------------|-------|------------------|-------|
| Attitude | _____ | Creativity | _____ | Academics | _____ |
| Personality | _____ | Discipline | _____ | Listening Skills | _____ |
| Initiative | _____ | Leadership | _____ | Punctuality | _____ |
| Friendliness | _____ | Communication Skills | _____ | Work Habits | _____ |

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Why are you recommending the applicant for MBYLI? (You can add an attachment) _____

Signature _____ Date _____

Your Name _____ Telephone Number _____
(Please Print)

Affiliation/Organization _____

All recommendations are due no later than Friday, April 22, 2016.

PERSONAL STATEMENTS Please note that there are no right or wrong responses, so feel free to answer openly and honestly. Attach additional sheets if necessary.

What are your reasons for applying to MBYLI? _____

Imagine you are the Mayor. What two actions would you take to make the District of Columbia a better place to live?

What do you think is the most important characteristic of a good leader? _____

1. Have you previously applied to MBYLI? Yes _____ No _____
2. Did you participate in the 2015 Summer Youth Employment Program? Yes _____ No _____
3. Please check your T-shirt size (one size only)
Medium _____ Large _____ X-Large _____ XX-Large _____ XXX-Large _____

_____ Applicant Signature	_____ Parent/Guardian Signature	_____ Date
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NOTE: To be considered an applicant for MBYLI, youth must apply to the Mayor Marion S. Barry Summer Youth Employment Program. To apply, please go to summerjobs.dc.gov. For additional information about MBSYEP, please call (202) 698-3492.

DEADLINE FOR SUBMISSION OF THIS APPLICATION IS FRIDAY, APRIL 15, 2016.

This completed application must be received in the Office of Youth Programs by the deadline date. The Office of Youth Programs is located at 4058 Minnesota Avenue, NE, Washington, DC 20019.