MARION BARRY YOUTH LEADERSHIP INSTITUTE



FIRST-YEAR PARTICIPANT APPLICATION 2019

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 complete the Mayor Marion S. Barry Summer Youth Employment Program (MBSYEP) process. To apply to MBSYEP, please go to summerjobs.dc.gov. For information about MBYLI, please call (202) 698-4983.

me(Last)		(First)		(M	iddle)
ome Address					
					Apt. #
(City)		(State)		(Zip Code)	Ward
st four of SSN:		Participar	nt Email		
rth Date	Age	Gender	(4.1)	(Female)	Race
elephone No. ((Female)	
(He	ome)			(Cell)	
rent/Guardian Name				Relationship	
lephone No. (()		
(1)	Home)			(Cell)	
rental Email:					
me of School					
case of emergency, whom should we	contact?				
me				Relationship	
dress			—Telephone	e No. ()	
(City)			(State)		(Zip Code)
w did you learn about the Institute?					

WORK EXPERIENCE/VOLUNTEER EXPERIENCE List work experience(s) (include dates of employment, volunteer, and community service).				
Elst work experience(s) (include dates of emplo	yment, volunteer, and community service).			
TALENTS AND INTERESTS	:			
List your extracurricular activities, hobbies, and	interests.			
HONORS AND AWARDS				
List your honors and awards.				
DOOT OF COURANY DIANG				
POST-SECONDARY PLANS Please tell us your plans upon graduation. Chec	ck 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		

Affiliation/Organization _____

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 26, 2019.

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 Academics Creativity Listening Skills _____ Personality Discipline Punctuality Initiative Leadership Friendliness Work Habits Communication Skills 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)_____ _____ Date ____ Signature Your Name ____ Telephone Number (Please Print)

All recommendations are due no later than Friday, April 26, 2019.

What are your reasons for applying to MRVLI2	
What are your reasons for applying to MBTET:	
Imagine you are the Mayor of D.C. What two actio for youth?	ns would you take to make the District of Columbia a better place to liv
What do you think is the most important character	istic(s) of a good leader?
,	
Have you previously applied to MBYLI?	'es No
2. Did you participate in the 2011 8 Mayor Barry Si MBSYEP)?	ummer Youth Employment Program
Yes No	
3. Please check your T-shirt size (one size only)	X-Large XX-Large XXX-Large
Smail Medium Large	X-Large XX-Large XXX-Large

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.

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.



