

FIRST-YEAR PARTICIPANT APPLICATION

Applications for the Marion Barry Youth Leadership Institute (MBYLI) must: be residents of the District of Columbia; 14 to 17 years of age; and apply to the Mayor Marion S. Barry Summer Youth Employment Program (SYEP). To apply to SYEP, please go to summerjobs.dc.gov. For information about MBYLI, please call (202) 698-3492.

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.

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 10, 2015.

