

# MARION BARRY YOUTH LEADERSHIP INSTITUTE



## FIRST-YEAR PARTICIPANT APPLICATION 2020

Applicants for the Marion Barry Youth Leadership Institute (MBYLI) must be residents of the District of Columbia, 14 to 19 years of age and complete the current year's Mayor Marion S. Barry Summer Youth Employment Program (MBSYEP) process. To apply to MBSYEP, visit [summerjobs.dc.gov](http://summerjobs.dc.gov). For information on MBYLI, please email [MBYLI@dc.gov](mailto:MBYLI@dc.gov) or call (202) 698-3492.

### PERSONAL INFORMATION (Please print or type)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(street address) Apt. #  
\_\_\_\_\_  
(City) (State) (Zip Code) (Ward)

Last four of SSN \_\_\_\_\_ Participant Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_  
(Male) (Female)

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Cell)

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Cell)

Parent/Guardian Email \_\_\_\_\_

Name of School \_\_\_\_\_ Current Grade \_\_\_\_\_

In case of emergency, provide a secondary 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 form is to be completed by a teacher, employer, adult mentor, or a faith-based community leader. The individual may not be family member or a personal friend. Please return this form to the MBYLI office by close of business on Friday, April 24, 2020.

This form can be mailed to: MBYLI/Office of Youth Programs, 4058 Minnesota Avenue, NE, Washington, DC 20019 or scanned and emailed to MBYLI@dc.gov. ONLY THE RECOMMENDATION FORM PAGE 3 CAN BE MAILED OR EMAILED! The other pages can only be submitted in person to a MBYLI staffer.

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) \_\_\_\_\_

Recommender's Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

(Please Print)

Affiliation/Organization \_\_\_\_\_

All recommendations are due no later than Friday, April 24, 2020



**PERSONAL STATEMENTS** Please note that there are no right or wrong responses, so please answer openly and honestly. Please answer with a minimum of **five sentences** and attach additional sheets if necessary.

What are your reasons for applying to MBYLI? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Imagine you are the mayor of the District of Columbia, what two actions would you take to make DC a better place to live for youth?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. Have you previously applied to MBYLI? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please select your shirt size (Uniform shirts are unisex sizes).

Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_ XXX-Large \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**NOTE:** To be considered an applicant for MBYLI, you must also apply to the current year’s Mayor Marion S. Barry Summer Youth Employment Program. To apply, please visit [summerjobs.dc.gov](http://summerjobs.dc.gov). For additional information about MBSYEP, please call (202) 698-3492.

*MBYLI Applications must be completed and received by the Office of Youth Programs, 4058 Minnesota Avenue, NE, Washington, DC 20019, by Friday, April 24, 2020.*

