YMCA of Metro Atlanta -

A YMCA Teen Staff Member A Teen Leadership Club Member

Empowering the Future of Our Teen Leaders

Personal Information
Full Name
Date of Birth
Phone Number
Email Address
Preferred Method of Contact
Home Address
Education Information
High School Name
Expected Graduation Date
Current GPA (if available)
Are you on track to earn your high school diploma or equivalent?
Post-Secondary Plans 4-Year College/University 2-Year College Vocational/Technical School Other Intended Major or Career Interest (if known)
YMCA Involvement
Are you currently:

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A Participant in the Boys & Young Men of Color Program Other YMCA Program
YMCA Branch Name
YMCA Staff Contact (if known)
Years involved with YMCA Teen Programs
Tears involved with Fivida Feeli Flograms
Financial Need
Do you currently qualify for Free or Reduced Lunch?
Yes No
Total Household Size
Total Flouseriold Gize
Appropriate the state of the same (applicate)
Annual Household Income (optional)
Please describe any financial challenges that may impact your ability to pay for post-secondary education:
Personal Qualities & Leadership (Short-answer questions)
How have you demonstrated one or more of the YMCA's Core Values (Caring, Honesty, Respect, Responsibility)?
Describe a time when you faced a challenge or setback. How did you respond?

What does leadership mean to you, and how have you shown leadership in your community, school, or YMCA programs?

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Other
Certification and Signature
Applicant Signature
Date
Parent/Guardian Signature (if under 18)
Date