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# Leadership Lorain County



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## Application for the Setting Up Youth For Success - TLC Class of 2024

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Setting Up Youth for Success –  
Teaching Lorain County’s mission is to  
build informed and engaged Lorain  
County Youth who will continue to  
positively change our region.

We accomplish this by:

- Identifying and bringing together a diverse cross-section of youth leaders.
  - Inspiring others to service at home, at work, and in the community.
  - Offering class participants expanded knowledge of existing and emerging local issues.
  - Offering opportunities to explore and strengthen personal leadership skills.
  - Enhancing knowledge of financial responsibility and accountability.
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## Setting Up Youth For Success - Teaching Lorain County Class of 2024 Application

### Please Clear These Dates on Your Calendar

#### Monthly Sessions (8:30 AM to 4:00 PM)

November 1<sup>st</sup>, December 6<sup>th</sup>, January 10<sup>th</sup>, February 7<sup>th</sup>, March 6<sup>th</sup>, April 24<sup>th</sup>

Attendance at all session day meetings is **MANDATORY**. A maximum of one absence at monthly sessions is permitted. Participants who fail to meet the attendance requirements will be asked to withdraw from the program and all paid tuition fees will be forfeited.

Application may be found online at <http://leadershiploraincounty.com> through the link on the home page.

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**Please type or print your application. All forms are confidential and will be viewed by LLC staff and the selection committee only.**

### PERSONAL

Name of School \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (M.I.)

Preferred name on badge (Nickname if applicable) \_\_\_\_\_

Home street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Personal email (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_  
(Name)

Any physical limitations? If so, please describe \_\_\_\_\_

Dietary restrictions? If so, please describe \_\_\_\_\_

## SCHOOL INFORMATION

School Name \_\_\_\_\_

School Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Email \_\_\_\_\_

Principal Name \_\_\_\_\_ Current Grade: \_\_\_\_\_

Guidance Counselor Name \_\_\_\_\_

## GENERAL

In addition to the community-based curriculum, LLC's Setting Up Youth for Success – TLC program includes leadership skill development. Please list the three leadership skills you deem most critical to your development as a leader.

\_\_\_\_\_

How would you expect to use your Setting Up Youth for Success – TLC experience?

\_\_\_\_\_

\_\_\_\_\_

Who or what led you to apply for the Teaching Lorain County Class of 2024?

\_\_\_\_\_

\_\_\_\_\_

## SCHOOL AUTHORIZATION

My school wishes to nominate the candidate listed above for participation in the Leadership Lorain County's Setting Up Youth for Success - TLC program. I have read and understand the purpose of this program and the expectations of each class member. I/we agree to support the above candidate's successful participation if selected. **If selected, we agree to pay tuition within 30 days of acceptance.** We also understand that, if accepted, our candidate will ATTEND ALL SESSIONS. We understand that, if our candidate fails to fulfill the obligations stated in this application, they will be asked to withdraw, and any paid tuition will be forfeited.

School \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City/State)

(Zip)

Authorized by (Please print and sign name)

Print \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

**ATTENDANCE AGREEMENT**

I read and understand the purpose of the Setting Up Youth for Success - TLC program and expectations of each class member. I agree to support the candidate's successful participation if selected. I will make accommodations during my student's absence from school for the scheduled programs and session days.

Print Principal's Name \_\_\_\_\_

Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

Print Guidance Counselor's Name \_\_\_\_\_

Date \_\_\_\_\_

Guidance Counselor's Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

**PARENTAL AGREEMENT**

I have read and understand the purpose of the Setting Up Youth for Success - TLC and the expectations of each class member. I agree to support my child's participation if selected. I also agree to pay the \$200 tuition fee within 30 days of my child's acceptance. I understand that this application process is competitive and that my child may or may not be selected.

Parent Authorization (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_

## ENROLLMENT AGREEMENT

### STATEMENT OF COMMITMENT

I understand the mission of Leadership Lorain County. I will devote the time necessary to complete the program. This includes attendance at all required session day events. I also agree to serve on a class service project committee. I understand that, if I am unable to comply with the requirements, I will voluntarily withdraw from the program. I understand that, in the interest of the class experience for all participants, any participant may be removed from the class if, in the opinion of Leadership Lorain County, that participant's conduct is not conducive to the work of the group or there is a failure to meet course requirements. I further understand that tuition is NOT refundable. I also authorize Leadership Lorain County to utilize any photos or videos of me taken during class activities to use as appropriate on social media, their website, and in printed pieces.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TUITION FOR LLC's Setting Up Youth for Success - TLC

**\$1,000 plus application fee \$25:**

Please note that LLC will work with our funders and community partners in hopes that all student's corporate portions of \$800 can be supplied through sponsorships. If your institution is able to support the corporate portion or supply a sponsorship for your student(s), please contact Julie Cruz Blair, President & CEO, to coordinate payment arrangements. \$200.00 is to be paid by the household, and the balance of \$ 800.00 by the sponsor. Payment plans are available but must be secured with a major credit card.

Please indicate your preferred method of payment:

\_\_\_\_\_ Credit Card (processed online via PayPal) \_\_\_\_\_ Check \_\_\_\_\_ Invoice Me

\_\_\_\_\_  
Address for Invoice

**Make checks payable to: Leadership Lorain County  
PO Box 882, Elyria, OH 44036  
Call Julie Cruz Blair, President & CEO, with any questions at 440-281-8535.**

**APPLICATION DEADLINE October 18, 2023, via email to [llc@leadershiploraincounty.com](mailto:llc@leadershiploraincounty.com),  
mail or in person.**

**Before submission, please make sure that you enclose the following:**

- \_\_\_ Application
- \_\_\_ Letter of Recommendation
- \_\_\_ Non-refundable Application Fee \$25  
**Due upon Application submission**
- \_\_\_ Students Medical/Parental Release