



## Setting Up Youth For Success - Teaching Lorain County Class of 2024

### Please Clear These Dates on Your Calendar

Monthly Sessions (7:30 AM to 4:00 PM)

October 2<sup>nd</sup>, November 6<sup>th</sup>, December 4<sup>th</sup>, January 8<sup>th</sup>, February 5<sup>th</sup>, March 5<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 if printing out a physical form, please print the information on the following forms. All forms are confidential and will be viewed by LLC staff and the selection committee only.**

### SCHOOL AUTHORIZATION

My school wishes to nominate the candidate listed above for participation in 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 the 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 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 students' corporate portions of \$800 can be supplied through sponsorships. If your institution can 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

**If financial constraints arise, please indicate below. We prioritize your engagement and will explore sponsorship or scholarship options together.**

I am interested in exploring the opportunity for sponsorship/scholarship options.

I do not need to explore the opportunity for sponsorship/scholarship at this time.