

Class of 2024

RISING JUNIORS and SENIORS

Our Mission and Vision:

The Student Leadership Shenandoah County (SLSC) Program equips students with chances to acquire and implement leadership skills in their school and community. The mission of SLSC is to foster the development of student leadership skills through various experiences.

CALENDAR

Application Released February 1, 2024

Application Deadline March 4, 2024

Students Notified March 18, 2024

Team Building RetreatJune 10, 2024

Program Sessions
7:45 AM- 4:00 PM
June 10-14, 2024
Government
Ag & Tourism
Business/Industry
Human Services
& Healthcare
Public Safety

Graduation Celebration
June 14, 2024
4:00 PM5:00 PM

Brought to you by:

Our Goals:

- Identify high school students who are leaders or have demonstrated leadership potential.
- Give young people the knowledge, tools, and contacts to create successful leaders
- Instill and nurture a sense of social responsibility in our youth.
- Offer a forum for young leaders to express their needs, goals, and opinions.
- Explore the diverse facets of Shenandoah County's social affairs, government, and business.
- Provide participants a chance to serve their community.
- Present young leaders with a renewing and fun experience.

Program Includes:

- Leadership Topics and Training
- County and State Government
- Working as a Team
- Project Management
- Portfolio Building
- Community Service
- Effective Communication

Completed applications must be returned to **your school Counselor** by **March 4, 2024**. School Counselors listed below:

Central: Ms. Woodward
 Mountain View: Ms. Cody
 Strasburg: Ms. Cover

For questions please contact - Sharon Baroncelli, 540.459.2542, or at director@shenandoahcountychamber.com







APPLICATION CHECKLIST

Please type o	r print. On	y completed	l applications	will be co	onsidered, ai	nd must include:

- 1. Applicant's Submittal. Fill out completely
- 2. A recommendation from your principal, counselor, or a current teacher who knows your capabilities best. Recommendations can be submitted in sealed envelope as part of application

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I understand that I must complete the Applicant's Submittal portion of this by myself, and state that no one else has completed the application on my behalfYESNO
REQUIREMENTS OF THE PROGRAM
One hundred percent (100%) attendance is required of each student. I have compared my schedule with the Program Calendar dates attached. If I am selected, I commit to attend every one of the program sessions.
If I am selected, I agree that I will wear casual business attire to each of the activities unless informed otherwise, out of respect for the professional establishments we will be visiting.
I further understand that e-mail will be the primary method of communication between the program leaders and the participants. If I am selected, I will have an active e-mail account that I will check daily for communication about the program.
By signing below, I am stating that I have read the above REQUIREMENTS OF THE PROGRAM and agree to the REQUIREMENTS OF THE PROGRAM 100%.
I agree to a media release of any photos or videos of my child.
Signature of Applicant
Signature of Parent or Guardian



PERSONAL INFORMATION (Please print legibly)

Name		
Email address		Sex: M F
Home Address		
City	Zip	
Name you prefer to	be called	
School:		Current Grade Level:
Cell phone		
Birth date		
•	nge students ability to participate in pro Do you feel that you will have the time rogram? Yes / No	•
Current GPA:	Discipline Violations? Yes	No (if yes, describe below:)
Parent/Guardian Name	e:	
Cell Phone:	Email:	
Signature of School Pri	ncipal:	Date:

APPLICATION QUESTIONS: Answer on a separate sheet of paper – max of 150 words

1. Why are you interested and why should you be chosen to participate in the SLSC? Include qualities about yourself that make you a good candidate.

ORGANIZATIONS AND ACTIVITIES

Please list in order of importance to you, up to three school, volunteer, social, athletic, artistic or other activities or groups in which you have participated during the last four years:

ORGANIZATION/ACTIVITY	GRADE IN SCHOOL	LEADERSHIP RESPONSIBILITY OR INVOLVEMENT
1		
2		
WORK EXPERIENCE		
List any part-time job experi about it.	ence you have had, p	aid or volunteer, and briefly tell us more
Do you currently have a part-t	ime job? If yes, where:	
How many hours a week do yo	ou work?	
If selected, would your employ	ver allow time off, if nec	essary? Yes No
FIELD OF INTEREST		
What are your plans after Grad	duation? (College/Trade	/Work) If work, please describe work interests:

TEACHER REFERENCE

Thank you for completing this reference for a **Student Leadership Shenandoah County** applicant. Please limit your recommendation to the space provided on this form. Personal letters of recommendation will not be considered. Please type or PRINT this application and put in sealed envelope for student to submit with their application.

I am providing a reference for:	
I am providing a reference for: who I recommend for participating in Student Lea	dership Shenandoah County.
YOUR NAME:	TITLE:
SCHOOL:	
EMAIL ADDRESS:	CELL:
A. With what frequency and in what kinds of situa	ition do you come into contact with the applicant?
B. How will the applicant enhance Student Leade	rship Shenandoah County?
C. What unfulfilled potential leadership skills do y	ou see in this applicant?
D. What are the first three (3) words that come to	mind that describe the applicant (limit 3 words)
1	
2	
3	