



# Youth Leadership Authority

## Scholarship Application

**OFFICE USE ONLY**

**Course & Tuition:**

- SNDP   
  ASPTL   
  Conversation   
  Constitution  
 Retreat   
  PT & CS   
  Challenge

**Scholarship Awarded**

\$ \_\_\_\_\_

**Parents Financial  
Contribution:**

\$ \_\_\_\_\_

**Course Date:**

\_\_\_\_\_

**School:**

**Student's Name:**

**Date of Birth:**

**Age:**

**Referred by:**

**Parent Name:**

**Parent Name:**

**Address:**

**City, State Zip:**

**Phone Numbers:**

**(1)**

**(2)**

**Parents Email:**

**Student's Email:**

**Briefly describe why you are seeking financial assistance for the YLA Program?**

**DISCLAIMER – IF YOU QUIT, YOU ARE RESPONSIBLE TO PAY TOTAL COST FOR THE PROGRAM YOU HAVE REGISTERED FOR.**

**PARENT/GUARDIAN FINANCIAL INFORMATION:**

No of people living in your household:	
Annual Combined Income:	

Briefly tell us why you are interested in attending this class:

**Agreements:**

1. I \_\_\_\_\_ agree to pick up  
*Parent or Guardian*

\_\_\_\_\_ from graduation on \_\_\_\_\_.  
*Student* *Date*

2. I \_\_\_\_\_ agree to submit a thank you letter to  
*Student*  
YLA within two weeks of completing the class to [marie@youthleadershipauthority.com](mailto:marie@youthleadershipauthority.com).

Student Signature:	Date:
Parent Signature:	Date:

**IF YOU RECEIVE THE SCHOLARSHIP, YOU CAN CHOOSE TO INTERN AT:**

- YLA
- LIFT ONE UP
- SHARE VILLAGE
- CHURCH LV
- HENDERSON POLICE DEPARTMENT
- HENDERSON FIRE DEPARTMENT

To “pay it forward,” you will be required to volunteer/intern for a total of 25 hours, at a rate of \$10/hour. The minimum hours per month to volunteer is 5 hours.