



Youth Leadership Authority

Scholarship Application

OFFICE USE ONLY	
Course & Tuition:	<input type="checkbox"/> SNDP <input type="checkbox"/> ASPTL <input type="checkbox"/> Conversation <input type="checkbox"/> Constitution <input type="checkbox"/> Retreat <input type="checkbox"/> PT & CS <input type="checkbox"/> 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(S) YOU HAVE REGISTERED FOR.

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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.

Student Signature:	Date:
Parent Signature:	Date:

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

- YLA LIFT ONE UP 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.

INITIAL HERE