

Applicant Name: \_\_\_\_\_

High School: \_\_\_\_\_

# Junior Leadership Macomb Class XI 2024-2025 **APPLICATION**

## DIVERSITY VALUE STATEMENT

We strive to model and promote diversity and inclusion as a means to strengthen leadership.

We do this by respecting and encouraging all perspectives, as well as by engaging diverse populations in all activities.

14460 Lakeside Cir. Suite 220, Sterling Heights, MI 48313

Phone: 586.954-2788

[www.leadershipmacomb.org](http://www.leadershipmacomb.org)

***Applications are due no later than Friday, May 24, 2024.***

Applications may be submitted via:

- Online: <https://leadershipmacomb.org/junior-program-application/>
- Email: Julie Petkoff at [jpetkoff@leadershipmacomb.org](mailto:jpetkoff@leadershipmacomb.org)
- Mail: 14460 Lakeside Circle Suite 220, Sterling Heights, MI 48313

## **Program Objectives**

The Junior Leadership Macomb Program is designed to:

- Strengthen preparedness for life after high school
- Increase career readiness through a variety of career exploration opportunities
- Broaden knowledge and understanding of the systems and leaders that influence and sustain our community
- Cultivate a commitment to positively impact our community through volunteerism

## **Application Guidelines**

Applications are being accepted for Junior Leadership Macomb XI. The program offers unique learning experiences for high school juniors through field trips, interactive activities, and topic expert speakers. We strive to create a diverse cohort of approximately 40 students from schools throughout Macomb County, including public, private, and charter schools, as well as home schooled individuals.

## **Eligibility**

Students entering their junior year of high school in Macomb County in the fall of 2024 and have a GPA over 2.0 are eligible to apply. Students will be selected for program participation based on their academic achievement, personal goals and assessment, eagerness toward community service, and references. No more than 3 students from one school will be chosen to participate.

## **Tuition and Financial Assistance**

Upon a student's selection into the program, parents/guardians will be billed a non-refundable program fee of \$200 which is payable in full by July 1, 2024. Scholarships are available for individuals who demonstrate a financial need. Financial assistance will not be a factor in determining acceptance into the program and will only be offered upon acceptance into the program. Students needing financial assistance must complete the Scholarship Application section on the application in order to be eligible for assistance. For additional information regarding scholarships, please contact our office at 586-954-2788.

## Applicant Information

First & Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_

High School: \_\_\_\_\_ School District: \_\_\_\_\_

Do you have any special dietary restrictions, preferences or do you require special accommodations?

Yes

No

If yes, please explain \_\_\_\_\_

Ethnicity:

\_\_\_\_\_ Asian or Pacific Islander    \_\_\_\_\_ African American    \_\_\_\_\_ Caucasian    \_\_\_\_\_ Hispanic    \_\_\_\_\_ Native American

\_\_\_\_\_ Middle Eastern    \_\_\_\_\_ I do not wish to disclose    \_\_\_\_\_ Other: \_\_\_\_\_

Do you qualify for free or reduced lunch?     Yes     No

T-shirt size preference:     Small     Medium     Large     XL     2XL     3XL

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

## Self-Assessment

Based on your past experiences and your own self-assessment of your abilities and potential, rate yourself in the following areas (1 is low, 4 is high)

Ability to understand and meet expectations	1	2	3	4
Ability to communicate orally	1	2	3	4
Ability to get along with others	1	2	3	4
Ability to think creatively	1	2	3	4
Ability to set and accomplish goals	1	2	3	4
Ability to adapt to change	1	2	3	4
Attendance/punctuality	1	2	3	4
Eagerness to serve my community	1	2	3	4

## Academic Information

Grade level as of September 2024: \_\_\_\_\_ High School Grade Point Average: \_\_\_\_\_

What specific skills or knowledge do you hope to gain from your experience with Junior Leadership Macomb?

---

---

---

Please list what you believe are the three most important issues confronting young adults today (no wrong answers).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Personal Goals

Please describe in 500 words or less your personal goals for the future and how you believe your leadership qualities will help you realize these goals. (Attach no more than two additional pages typed, double-spaced, 12 pt. font)

## Personal Achievements

Please list internships, work experience, community service, student organizations or any other personal victories or accomplishments that you believe demonstrates your leadership abilities.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## **Scholarship Application**

Scholarship awards are based solely on financial need. If you have financial need and would like to apply for a scholarship for this program, please write a short statement demonstrating your need for financial assistance. If this section is not included with your application, you will not be considered for a scholarship. (Attach no more than one additional page typed, double-spaced, 12 pt. font)

## Student Agreement

I agree, to the best of my knowledge, that the answers given in this application are true and complete. I will be entering my Junior year of High School in the fall of 2024, and I will attend a public, private or homeschool in Macomb County.

The session dates are listed below, as well as on the Leadership Macomb website.

(Dates, times, and topic focus are subject to change prior to June 5<sup>th</sup>)

Date	Day	Time	Topic Focus
July 29, 2024	Monday	9:00 am – 4:30 pm	Intro to JLM XI
July 30, 2024	Tuesday	9:00 am – 4:30 pm	Health & Human Services
July 31, 2024	Wednesday	9:00 am – 4:30 pm	Justice System & Public Safety
August 1, 2024	Thursday	9:00 am – 4:30 pm	Career Readiness
August 2, 2024	Friday	9:00 am – 4:30 pm	Leadership & Community Service

Optional School Year Sessions: Days and Times To Be Determined

Macomb County Commissioners Meeting, Arts Night Out at the Detroit Institute of Arts, Service Project

### Photo Release

I hereby give Leadership Macomb, Inc. the right to use my name or photograph in all forms of media (print or electronic) or for any other lawful purposes. I waive my right to inspect or approve the finished product, including a written copy, which may be created therewith. I understand and accept the commitments expected of me by Leadership Macomb.

Print Name (Applicant): \_\_\_\_\_

Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/Guardian Agreement

If accepted, my child has permission to participate in this program. I understand this includes the program dates listed below:

(Dates, times, and topic focus are subject to change prior to June 5<sup>th</sup>)

Date	Day	Time	Topic Focus
July 29, 2024	Monday	9:00 am – 4:30 pm	Intro to JLM XI
July 30, 2024	Tuesday	9:00 am – 4:30 pm	Health & Human Services
July 31, 2024	Wednesday	9:00 am – 4:30 pm	Justice System & Public Safety
August 1, 2024	Thursday	9:00 am – 4:30 pm	Career Readiness
August 2, 2024	Friday	9:00 am – 4:30 pm	Leadership & Community Service

Optional School Year Sessions: Days and Times To Be Determined

Macomb County Commissioners Meeting, Arts Night Out at the Detroit Institute of Arts, Service Project
---

**Tuition:** I understand that there is a non-refundable program fee of \$200 that is payable in full by July 1, 2024. Scholarships that cover the entire program fee are available for individuals who demonstrate a financial need. Financial status will not be a factor in determining acceptance into the program. Any student that would like to be considered for a scholarship must complete the Scholarship Application outlined in the application.

**Photo Release:** I do hereby give Leadership Macomb, Inc. the right to use \_\_\_\_\_'s  
(student's name)

name or photograph in all forms of media (print or electronic) or for any other lawful purposes. I waive my right to inspect or approve the finished product, including a written copy, which may be created therewith. I understand and accept the commitments expected of me by Leadership Macomb.

**Commitment:** If my child is selected as a participant of Junior Leadership Macomb, I will ensure my child has transportation to and from the sessions on the program days.

Print Name (Parent/Guardian): \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

# Junior Leadership Macomb Reference Form

*This student is applying to participate in Junior Leadership Macomb, a leadership program for high school juniors. The program strengthens preparedness for life after high school, increases career readiness through a variety of career exploration opportunities, broadens knowledge and understanding of the systems and leaders that influence and sustain our community, and cultivates a commitment to positively impact our community through volunteerism. Students will participate in group discussions, field trips and interactive exercises.*

Please complete this form to the best of your knowledge and return by mail to Leadership Macomb, 14460 Lakeside Cir. Ste 220, Sterling Heights, MI 48313 or scan and email to Julie Petkoff at [jpetkoff@leadershipmacomb.org](mailto:jpetkoff@leadershipmacomb.org)

**Return by 6/24/2024. Thank You!**

Referral for: \_\_\_\_\_  
(Student's Name)

Referral by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your relationship with the applicant? (Please circle)

Teacher      Counselor      Employer      Coach      Pastor/Minister      Other: \_\_\_\_\_

Are you a graduate of Leadership Macomb? (Please Circle) yes / no

How long and in what setting have you known the applicant? \_\_\_\_\_

The student displays or possesses (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Positive Attitude                | <input type="checkbox"/> Integrity or Character |
| <input type="checkbox"/> Self-Esteem          | <input type="checkbox"/> Good Study Habits                | <input type="checkbox"/> Goal Setting Skills    |
| <input type="checkbox"/> Good Social Skills   | <input type="checkbox"/> Empathy                          | <input type="checkbox"/> Strong Work Ethic      |
| <input type="checkbox"/> Leadership Skills    | <input type="checkbox"/> Ability to work well with others |   |

Please comment on the student's leadership skills and potential:

Please comment on the student's sense of responsibility:

Please share any additional comments on a separate sheet or in an attachment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date