

# 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
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**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: \_\_\_\_\_