

L.I.D.E.R

Leadership Involvement & Development through Empowerment & Representation

APPLICATION

1. Student Contact Information

Name: _____, _____, _____
Last Name First Name Middle Initial

Gender: _____ Date of Birth: ____/____/____ Age: _____

Address: _____
Street
_____, _____
City State Zip code

Home Phone: (____) _____ - _____

Email: _____

Ethnicity: (Please check the box that best describes your race/ethnicity)

- ☐ American Indian/Native Alaskan ☐ Chinese ☐ Korean
☐ Pilipino ☐ Mexican/Mexican American ☐ Salvadoran/Salvadoran American
☐ Guatemala/ Guatemalan American ☐ Black/ African American
☐ White ☐ Other: _____

Date: _____

2. Emergency Contact Information

Contact: _____, _____, _____
Last Name First Name Relationship

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Email: _____

3. Academic Information

School: _____ Grade: _____ Track: _____

Academy/ Small Learning Community (if applicable): _____

4. Personal Qualities:

What qualities/characteristics best describe you?

Do you have any hobbies or special interests?

Do you have any educational goals? If so, what are they?

What do you see yourself doing in 20 years?

How do you describe yourself when you are with your friends?

What are your favorite school subjects? (You may check more than one)

- ☐ English ☐ History ☐ Science/Health ☐ Foreign Language
☐ Visual & Performing Arts ☐ Computer Science
☐ Other: _____ ☐ None

List any (2) jobs/careers you would like to try.

What are the characteristics you like the most about your friends?
