



**Please complete all areas of the application**  
**Type or print clearly**

I. Student name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

Home phone: \_\_\_\_\_ Student cell phone: \_\_\_\_\_

Student email: \_\_\_\_\_

Student shirt or t-shirt size: (Circle one) S M L XL XXL

Parent/guardian name: \_\_\_\_\_

Parent/guardian email: \_\_\_\_\_

Parent/guardian phone: \_\_\_\_\_

Include work and cell phones for each parent/guardian. Indicate which number belongs to which parent.

Parent/guardian name: \_\_\_\_\_

Parent/guardian email: \_\_\_\_\_

Parent/guardian phone: \_\_\_\_\_

Include work and cell phones for each parent/guardian. Note which number belongs to which parent.

## **II. Activities/Experience/Hobbies**

Please list school, volunteer, community, athletic or other activities that you have participated in.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### III. Recognitions, Honors and Awards

Please list any recognitions, honors and awards that you have received. If none list N/A

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

Please send your completed application form via email or mail to:

Christopher Hayes  
HCYLC Application  
15510 Hooting Owls Pl, Tampa, FL 33624  
(813)- 599-6495  
HayesCh@HCFLGov.net

**Application Deadline September 1<sup>st</sup>, 2024**

#### IV. References

Please submit **two** references. Community leaders, advisors, school faculty, organization leaders, coaches or mentors sponsors are acceptable references. References may not be related to you. Use the attached reference forms. Recommendation letters are acceptable in lieu of reference forms but two references are still required.

Reference #1 \_\_\_\_\_ Phone: \_\_\_\_\_

Reference email: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Reference #2 \_\_\_\_\_ Phone: \_\_\_\_\_

Reference email: \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

#### V. In the space below, briefly describe your future plans and career interests that could most impact Hillsborough County and its future.

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#### Parent / Guardian Consent

I give permission for my son/daughter to apply for the Hillsborough County Youth Leadership Council Program and understand the responsibilities and obligations if my child is selected to participate. I agree to allow pictures taken of my son/daughter during Hillsborough County Youth Leadership Council classes or functions to be used to promote Hillsborough County Youth Leadership Council or for other related reasons.

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Application Deadline September 1<sup>st</sup>, 2024**

# Reference Form

Applicant name: \_\_\_\_\_

Reference name and title: \_\_\_\_\_

Reference email: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Organization/affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What would you consider to be the applicant's strengths?

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What would you consider to be the applicant's weakness?

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