

S.H.O.U.T.® Youth Leadership

Mission Statement

To develop, in an interactive environment, the leadership skills and community awareness of selected high school students. Since 1989, the program has developed young leaders and exposed them to the various elements which help form a strong, dynamic community.

Summer S.H.O.U.T.® Schedule

Summer S.H.O.U.T.® will be held one full week in June and meeting all day 8:00 a.m. until approximately 4:30 p.m. each day followed with graduation in the evening of the last day at 7:00 pm.

We will also do another summer session in July – meeting all day from 8:00 a.m. – approximately 4:30 p.m. followed by graduation on the last day at 7:00 p.m. You will choose which week works best with your schedule.

Additional activities outside of the times above will be communicated prior to the class.

Program Days

Each day will consist of developing leadership skills and community awareness through interactive programs, speakers and other activities while having fun and making new friends.

Application Process

Please make sure that all of the listed items are taken care of before submitting your application to your Kingsport Chamber of Commerce.

- You have carefully considered your schedule and other activities so that you can commit to attend **all** of the S.H.O.U.T.® sessions.
- You have completed all the questions on the application.
- You have attached three reference forms completed by adults who are not parents or relatives. Reference forms must be from three different sources, i.e., school, community, church, scouts, etc.
- Your parent or legal guardian has signed your application.
- Tuition is \$125.00 and is due after acceptance. Scholarships are available based on financial need.

If you have questions, contact Vanessa Bennett, Director of Operations and Kingsport Leadership Programs, 392-8813, vbennett@kingsportchamber.org.

Please submit your application to your Kingsport Chamber of Commerce, 400 Clinchfield Street, Suite 100, Kingsport, TN 37660 or via email above.

**Applications are due
March 20th**



Program Preference:

**S.H.O.U.T.!!®
YOUTH LEADERSHIP APPLICATION**

_____ **S.H.O.U.T.!!® June 15-19, 2015**
_____ **S.H.O.U.T.!!® July 20-24, 2015**
_____ **Either**

PLEASE TYPE OR PRINT IN BLACK INK

Part of the Kingsport Leadership Programs and Kingsport Area Chamber of Commerce
400 Clinchfield Street, Suite 100 PHONE (423) 392-8813 E-MAIL vbennett@kingsportchamber.org

Name (Last) _____ (First) _____ (Middle) _____

Name you prefer to be called _____

School _____

Grade _____ Have you applied for the S.H.O.U.T.!!® program in the past? Yes _____ No _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Sex (M/F) _____

Home Address _____

City _____ State _____ Zip Code _____

E-mail _____

Parent or Guardian Name(s) _____

Emergency Contact Info _____

Transportation is the responsibility of the applicant. Will you be driving yourself to the sessions? _____

If not, explain travel arrangements. _____

Why do you want to participate in the S.H.O.U.T.!!® Program? _____

School Experiences, Organization and Activities

List 3 community, church or school activities you take part in. Explain your involvement and why you enjoy the activity. Feel free to list any awards or recognition you have received due to involvement. Attach additional sheet, if necessary.

Work Experience:

List any part-time job experience, paid or volunteer, and briefly explain what it / was involved. _____

Do you currently have a part-time job? _____ How many hours per week? _____

Do you participate in school sports? _____

Would extracurricular activities interfere with your attendance at the S.H.O.U.T.!!® Program? _____

S.H.O.U.T.!® REFERENCE FORM

Name
(Last) (First)

To the Reference:

The person named above is an applicant for the S.H.O.U.T.!® Program with the Kingsport Chamber of Commerce. The selection committee attaches considerable weight to the statements made by the references of the applicant. Please complete the questions below and return the form to the S.H.O.U.T.!® applicant so that it can be attached to his/her application. Use the back of the form to elaborate on any questions or provide information you think might be helpful to the selections committee. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Name of Reference _____

Position / Title _____

School / Firm / Organization _____

Contact Info _____

1. For how long and in what capacity have you known the applicant?

2. What do you consider to be the applicant's primary talents or strengths? (Please give an example.)

3. What do you consider the applicant's chief weaknesses?

4. Comment on the applicant's relationship with his or her peers.

5. Other comments you would like to share about the applicant.

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