



City of Phoenix

Leadership Academy Application 2017

APPLICANTS MUST BE HIGH SCHOOL JUNIORS OR SENIORS*, RESIDE IN THE CITY OF PHOENIX, AND MEET ALL REQUIREMENTS TO PARTICIPATE IN THE PROGRAM. *Must be going into 11th or 12th grade in Fall 2017. Must be available to participate daily, the entire week, 9 a.m. to 4 p.m. beginning June 19th.

This form must be completed and signed by the applicant. If you are less than 18 years of age, a parent, legal guardian, or responsible adult must also sign the application.

Form with fields: Name (Last Name, First Name), Date of Birth, Age, Last Four Digits of Social Security #, Current Address Apt. # (NO P.O. Boxes), City, State, Zip Code, Phone Number, Alternate Phone Number, Email Address

Race Group (Please mark one race group below):

- White, African-American/Black, Hawaiian/Pacific Islander, Native American/Alaskan Native, Asian

Ethnicity:

Gender:

Are you Hispanic or Latino? Yes No

Male Female

EDUCATION HISTORY

Table with 3 columns: Name and Location of School, Years Attended, GPA

EXTRACURRICULAR/WORK EXPERIENCE/VOLUNTEER EXPERIENCE

Table with 4 columns: Month/Year, Name of Org./Business, Voluntary or Paid, Position

Please number your top THREE (3) areas of interest:

- Finance, Information Technology (IT), Legal/Law, Fire/Police, Human Resources, Social Services, Radio/TV/Film, Housing, Head Start



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NAME (last name, first name): _____

Page 2 of 2

Please write a short essay, in clear handwriting, describing your career interest in: Government, civic leadership, and civic engagement (for more space please use separate paper and attach to application):

Lined area for writing the short essay.

CAREFULLY READ THE FOLLOWING BEFORE SIGNING YOUR NAME:

I submit this signed form as authorization to apply for the program. I understand that the completion and submission of this form does not guarantee placement in the program.

I declare that I have examined this form and confirm all the information is true and correct to the best of my knowledge. I am aware that the information contained on this form is subject to verification, and failure to provide the requested documentation, or any falsified information provided, may result in immediate termination from the program.

If you have any questions, concerns, or need assistance in completing this form, please call Diamond Smiley at (602) 534-7129.

Applicant Signature: _____ Date: _____

Parent/Guardian/Responsible Adult Signature: _____ Date: _____

(Required for those under the age 18.)



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Applications will be available online at <https://www.phoenix.gov/econdev/arizona-at-work> starting April 2017. Print, sign (using black or blue ink), and scan back to azatwork@phoenix.gov with "2017 JEM YOUTH" as the email subject, or drop off at:

City of Phoenix – City Hall
Community and Economic Development Department
Business and Workforce Development Division
200 W. Washington Street – 19th Floor
Phoenix, AZ 85003

Applications are due by 5:00 p.m. on Friday, June 2, 2017 to be considered for the selection process.
If the application is NOT completely filled out, it will NOT be accepted.

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to
individuals with disabilities.
For TTY/TTD: Use 7-1-1