



## THE PERFECT BLEND

Youth Leadership Program

P.O. Box 2955

New Haven, Connecticut 06515

203-891-7372

Dear Youth Leadership Program Applicant:

We are excited to introduce our *Youth Leadership Program*! Our mission is to “foster leadership by becoming an integral part of the whole ‘village’ needed to effectively raise our children”.

In fulfillment of that mission, we have created a program, which focuses on the development of young future leaders such as you. The major objectives of the Youth Leadership Program are:

1. To develop youth leadership skills & increase community awareness
2. To empower youth through civic engagement
3. To increase the awareness of multi-generational contributions and challenges

The program promotes the development of youth leadership skills through our empowering workshops and projects and activities. Each segment of the program will provide participants with the necessary tools to give them the opportunity to interact with community leaders, public officials and our own legendary women.

Each aspect of the program challenges youth to innovate, reflect and dialogue about the role of leadership and the team culture that a leader creates. Through your dedication and commitment to this program, you can earn up to *35 community service hours*.

### Application Procedures

The Perfect Blend Youth Leadership Program actively recruits rising young women of color from high schools within New Haven County. Participants are selected on their own merits through an application and interview process conducted by The Perfect Blend Leadership Committee.

If you are interested in participating in the Youth Leadership Program, you must complete the entire package and follow the guidelines on page 7 for submission by the posted. You may submitted application between **May 10 and postmark deadline, by September 1**

Thank you,  
The Perfect Blend Leadership Committee



*The Perfect Blend*  
*Youth Leadership Program*

Participant Application

**Section I: Personal Information**  
**(Please Print Clearly in Black or Blue Ink Only)**

**Privacy Policy:** All personal information given to *The Perfect Blend* is kept in strictest confidence, and will not be given to third parties for any purpose without your approval.

Participant Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Contact #s:	NAME	CONTACT NUMBER
	_____	NAME
_____		

Name of School: \_\_\_\_\_

List any health issues such as allergies, medications or special dietary needs that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Section II: Participant Biography  
(Please Print Clearly in Black or Blue Ink Only)**

**In the space below, please write a brief bio explaining who you are and what your interest are:**

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**What do you consider as your greatest strength and your greatest weakness?**

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**Please describe one special circumstance you may have dealt with or barriers and/or challenges you have had to overcome and describe how you did it?**

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**Section III: Extracurricular Activities  
(Please Print Clearly in Black or Blue Ink Only)**

List any school related extracurricular activities you presently or have participated in (i.e. Sports, Music, Clubs and Special Honors or Awards):

Activity	Current or Past	Position Hold/Held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honor/Awards	Approximate Date Received
_____	_____
_____	_____
_____	_____
_____	_____

List, in order of importance to you, up to four non-school related community, religious, social, athletic and other organizations in which you are or have been a member:

Organization	Membership Dates	Position Hold/Held	Time Invested Each Month
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section IV: Interest & Commitment  
(Please Print Clearly in Black or Blue Ink Only)**

**Why do you want to participate in the Youth Leadership Program?**

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**What do you hope to gain from participation in the Youth Leadership Program?**

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**What do you think you can bring to the program that will add to the success of the program and benefit your peers in the program?**

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Please respond to the essay question on the page attached, and submit with your completed application.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### APPLICATION CHECKLIST

- Complete and submit the application by **May 27, \_\_** to the address below.
- Make sure that your parent or guardian has signed the application.
- Include the letter of reference from an official in your High School. Letters should be addressed to The Perfect Blend Selection Committee.
- Complete and include the Youth Leadership Program Essay Question.

**Submit Application To:**

***The Perfect Blend Youth Leadership Program  
Post Office Box 2955  
New Haven, Connecticut 06515  
(203) 891-7372  
ThePerfectBlend@comcast.net***

