



**Carlsbad Educational Foundation
Student Leadership Council
2019-2020 Application for New Member**



Please type or neatly print all sections. Attach a separate page if necessary.

Student Information:		
Name: _____	Age: _____	
High School: _____	Grade (Fall 2019): _____	T-Shirt Size: _____
Home Address: _____		
City: _____	State: _____	Zip: _____
Mobile #: _____	Email: _____	
Parent/Guardian Information:		
Name: _____		
Mobile #: _____	Email: _____	

Why do you want to be a member of Carlsbad Educational Foundation's Student Leadership Council?

What are your strengths as a leader?

In what areas of leadership would you like to improve on?
