





Please complete all sections. Attach a separate page if necessary. Student Name: Age:\_\_\_\_High School:\_\_\_\_\_\_Grade:\_\_\_\_ Home Address: City:\_\_\_\_\_\_Zip:\_\_\_\_\_ Home Phone#:\_\_\_\_\_Student Mobile #:\_\_\_\_\_ Student Email: Parent/Guardian:\_\_\_\_\_\_Parent Mobile #:\_\_\_\_\_ Parent Email: Preferred Meeting Day (circle): Tuesday or Wednesday T-Shirt Size:\_\_\_\_\_ Preferred Meeting Time (evening for 2 hours):\_\_\_\_\_ Why do you want to be on 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?





List any organizations, clubs, teams or extra-curricular activities that you are a member of and any leadership roles you serve on them.		
List any CEF programs and/or events	you have be	en involved with.
Please list the name(s) of a teacher, c member who would serve as a referer 1.		
-		
2.		
Initial I certify that the information in	this application	is correct and complete
Initial I authorize the release of my e	ducational reco	ords for the purpose of eligibility
Initial I approve the use of my name, Educational Foundation Stude releases, brochures, and the C	nt Leadership (	essay in publicity related to Carlsbad Council. This may include media
Applicant's Signature		Date
Parent/Guardian Signature		Date
UNSIGNED AND/OR INCOMPLETE	ΔΡΡΙ ΙζΔΤΙΟ	ONS WILL NOT BE REVIEWED
Applications for new memb Friday, June 22, 2018 and can be s	ers must be	received no later than
Upon receipt of your application, you	will be contac	ted to schedule a brief interview.
Carlsbad Educational Foundation Student Leadership Council 5631 Palmer Way, Suite L Carlsbad, CA 92010	OR	Email signed PDF directly to: devon@carlsbaded.org