



Dear Parents and Guardians:

Thanks for considering the 100 Black Men of DeKalb County Leadership Academy as an opportunity to contribute to your youth's personal growth and development. The Academy program will expose your youth to many facets of development, personal skills enhancement and cultural enrichment.

We welcome their application for consideration and to insure that matters are handled properly please adhere to the following directions:

- a. All applications must include a current year letter of recommendation from a school official (teacher, counselor, principal, etc.)
- b. A copy of the most recent school progress report
- c. Must be in the following grade levels: raising 6th grade through raising 9th Grade.
- d. The entire application package must be received in the office or posted marked not later than 30 April 2009. (There can be no exceptions)

Acceptance to the Leadership Academy is extremely competitive, therefore it is vital that your application package is complete and received by the deadline.

Sincerely,

Sylvester Hopewell
Director



LEADERSHIP ACADEMY
2009-2010 Application Form
Rising 6 -10 Graders

Application and one (1) recommendation must be submitted together and received no later than April 30, 2009 at:

Name: _____

Birth Date: _____ School Year Grade: _____

School: _____

Date Received _____

To be completed by the student. Please print clearly

Student's Home Address _____ City, State _____ Zip Code _____

Mother/Guardian Name _____ Occupation _____

(____) _____ (____) _____
Home Telephone# _____ Alternate Telephone# _____

Mother's Address (If different than student's) _____ City, State _____ Zip Code _____

Father/Guardian Name _____ Occupation _____

(____) _____ (____) _____
Home Telephone _____ Work Telephone _____

Father's Address (If different than student's) _____ City, State _____ Zip Code _____

Emergency Contact _____ Daytime Telephone _____

100 Black Men of DeKalb County
LEADERSHIP ACADEMY
New Student Application
(To be completed by STUDENT)

Please complete the following: It is essential that we have this information to determine your eligibility for the program. Please use a separate sheet of paper to answer questions if needed.

1. What are your goals in life, especially regarding high school/college and why?
2. Who is the person that has had the most impact or influence on your life? What have you learned from him/her?
3. What do you like best about school and why?
4. What do you like least about school? How would you change what you dislike or improve the situation?
5. When you are not in school, what do you most enjoy doing to improve yourself?
6. Describe any responsibilities you have to help other people with(at home, school, church etc)
7. Tell about a time when you had to help plan, organize or run something where you had to tell others what to do or get them to cooperate.
8. What is a leader?

100 Black Men of DeKalb County
LEADERSHIP ACADEMY
COMMITMENT FORM
(To be completed by PARENT or GUARDIAN) Please Print.

This page is to be completed by the Parent or Guardian legally responsible for the young person applying to the Leadership Academy.

Parent/Guardian Name: _____

My Child is: Male _____ Female _____

If my child is selected to participate in this program, I/we agree that I/we will support him/her in meeting the student requirements of the Academy and that I/we will participate in Academy activities and fulfill all program requirements.

PARENTS COMMITTEE

The Parents Committee is responsible for maintaining open communications with parents, for providing a vehicle through which parents/guardians can provide service to the 100 Black Men and/or McNair High School (for example, volunteer service and fundraising). All parents/guardians are automatically members of the Parents Committee, and all are expected to fulfill annual fundraising or service hour commitments as a part of the Leadership Academy contract for each child. All parents/guardians are required to attend five parent workshops for a total of ten hours. Failure to attend will result in dismissal of student participant from the program.

Parents(s) Guardian Signature: _____ Date: _____

Uniform Sizes: Sweater Vest: SM MD LG XL XXL

(Uniforms provided by the Leadership Academy consist of a gray sweater vest. It is to be worn with a white shirt, black pants or skirt, dark tie and black or dark shoes – to be provided by his parents. A black notebook will also be provided by the Leadership Academy.)

PARTICIPATION IS BASED ON THE FOLLOWING CRITERIA:

1. Must be enrolled in school and in good standing.
2. Must participate in 80% of all activities
3. No participation in gang activities.
4. Sign the parent/guardian contract.
5. No trouble with the law or school.

CONTINUING REQUIREMENTS:

1. Must stay in school.
2. No trouble with the law or school.
3. No participation in gang activities.
4. Attend Leadership Academy training sessions.
5. Must participate in 80% of Leadership Academy activities.
6. Participate in community service projects.
7. Establish specific academic, personal career and Academy goals. (These may change throughout the program.)
8. Participant's progress report will be evaluated every 6 weeks to recommend continuation in the program.

REQUIREMENTS FOR ACADEMY FAMILIES:

1. Ensure that the student goes to school, does homework and graduates from high school.
2. Take necessary step to keep the student in school, out of trouble with the law and out of gangs.
3. Reinforce basic principles of good citizenship.
4. Work with the student to establish and accomplish academic, Personal, Career and Academy goals.
5. Provide transportation to/from the regular Academy sessions.
6. Participate in the family Academy events.
7. Participate by example.
8. Sign the family contract.
9. Attend 10 hours of Parent Workshops.
10. Must fulfill volunteer and annual fundraising commitments.

Always notify Leadership Academy of changes in address or phone and of legitimate reasons for absence of students from Leadership Academy session (phone: 404-288-2772).

Student Signature _____

Parent/Guardian Signature _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. IF YOU NEED HELP IN COMPLETING THIS APPLICATION OR NEED MORE INFORMATION CALL 404-288-2772.

Name the school official sending recommendations:

(Please ask teacher to send a recommendation)

Teacher/ school official _____ Phone# _____

Student's Signature _____ Date _____

Application and one (1) recommendation must be submitted together and received no later than April 30, 2009 at:

100 Black Men Leadership Academy
1804 Bouldercrest Road SE, Suite 700
Atlanta, Georgia 30316
404-288-2772
Fax 404-288-0107



INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. IF YOU NEED HELP IN COMPLETING THIS APPLICATION OR WANT MORE INFORMATION, PHONE 404-288-2772.

LEADERSHIP ACADEMY PARENT CONSENT FORM/TEACHER

APPLICANT'S NAME _____

TO THE REFERENCE:

The person named above is an applicant for the 100 Black Men Leadership Academy Program. The Selection Committee attaches considerable weight to the statements made by the references of the applicant. The committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

NAME OF REFERENCE: _____

POSITION/TITLE: _____

SCHOOL: _____

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

- 2. What do you consider the applicant's primary talents/strengths?**

- 3. Please comment on the applicant's relationship with his or her peers?**

PLEASE RATE THE APPLICANT WITH OTHER STUDENTS YOU HAVE KNOWN:

1- Outstanding 2-Excellent 3-Good 4-Average 5-Unable to judge

Character_____

Ability to work with others_____

Concern for others_____

Maturity_____

Responsibility_____

Oral communications_____

Leadership_____

Interest in community affairs_____

Initiative_____

Signature of

Reference: _____ Date: _____



**The Leadership Academy is sponsored by 100 Black Men of DeKalb County, Inc.
1804 Bouldercrest Road, Suite #700, Atlanta, GA 30316, 404/288-2772**