



The Leaders of Tomorrow Initiative[®] Leadership
Development & Mentoring Program
Application

Instructions

1. Please fill the application out in its entirety
2. Have your parents fill out their application at the end of this form

Student Application

Parent's Name: _____

Applicant's Name: _____

Date of Birth: _____ Age: _____

What school do you attend? _____

What grade are you currently in: _____

Address: _____

Phone Number: _____

Alternate Phone Number: _____

Applicant's Email Address: _____

Do you currently attend church: Yes No

If so what church: _____

This Section should be completed by the Student Applicant. How did you hear about The Leaders of Tomorrow Initiative Leadership Development & Mentoring Program?

Are you currently involved in any mentoring programs? Please list

What do you hope to get from this Mentoring Program?

Do you have any current role models? If so, who are they?

What are your current extracurricular activities? Please list

What are your current hobbies?

What are your career interests?



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Parent Application

Name: _____

Address: _____

Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Please Circle One: Married Single Divorced Widowed

Are you the applicant's legal guardian: Yes No

Other parents living in the home:

Name: _____ Relationship: _____

Do you have other children at home: Yes No

How many children do you have applying to the program? _____

What are the ages of your children? _____

Do you currently attend church: Yes No

If so what church:

Do you have transportation to get to and from meetings: Yes No

I _____, the parent/guardian of _____, permit him/her to participate in The L.O.T. Initiative's Leadership Development & Mentoring Program©. I have read and understood the rules, regulations and structure of the program. I have talked to a member of the Mentoring Leadership Team (MLT) to discuss my child's participation.

I understand that the people who serve as mentor's in the L.O.T. Initiative Leadership Development & Mentoring Program© have been thoroughly screened and trained by the organization. The meetings between my child and their mentor will take place both on-site and off-site. All contacts between them are scheduled, monitored by the MLT, and evaluated. Any additional face-to-face contacts must be scheduled in advance and approved by me (You the Parent).

I also understand that the MLT is asking me to ensure my child attends all of the scheduled meetings and is an active participant for at least 1 year.

I understand that this is a Leadership Development & Mentoring Program and reflects the values and beliefs of The Leaders of Tomorrow Initiative Inc©.

I reserve the right to withdraw my child at any time.

Parent's Signature _____

Date _____

Parent's Signature _____

Date _____

A Completed Application Form

Fill out the entire Application Form. You can type in the information or print clearly. When you are done, print out all pages of the Application Form, and make sure you sign and date the verification.

Once completed, you can mail, fax, or scan and e-mail the form to:

The L.O.T. Initiative Leadership Development & Mentoring Program©

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Twinsburg, OH 44087

Fax: 330-405-0695

info@thelotinitiative.org