

SECTION I: STUDENT INFORMATION

PLEASE PRINT NEATLY

Student name:
(Last) (First)
Date of birth (month, day, year):
STUDENT Social Security Number: (Please know that YLA Scholarships are not able to be awarded to students who do not share this information. A students' social security numbers are kept in a confidential database accessible only to certain YLA and ECC staff.
Home mailing address:
City/State/Zip:
Telephone where student can be reached: ()
Alternate telephone number: ()
Gender:
Current grade: (Must be in 7/8 th grade in 2024-2025 to be eligible to apply.)
Current school name:
School where student will be enrolled for 2024-2025:
District (check one): U-46 Student ID#:
D300 (District assigned number) D301 D303
Do you receive free or reduced lunch? (If yes, please attach a copy of a school district letter confirming this)
Is the student applicant a U.S. citizen or legal resident of the United States? yes no (This question helps the YLA team determine the types of scholarships you will be eligible for.)



Does the student have a sik	oling or relative w	ho is a cadet ir	n the Youth Leade	rship Academy?
no	yes			
If yes, please share	the name of the Y	'LA cadet:		
Relationship to the	applicant:			
Student's ethnic backgroun Note: answering this quest Education's standards for e Caucasian / White _ Hispanic / Latino/a _ African American / E Asian American	ion is optional. Th thnic and racial d Black	nis question con ata collection. •	• •	or Alaska or Other Pacific
Is the student bilingual?	>	/esı	no	
If yes, is the	student fluent in	Spanish?	yes	no
If no, please	share the second	language:		
MOTHER's / Legal Guardia	n's name:			
Address:(If sa	me as student, w			
City, state and zip: _	(If same as stud	dent, write "sa	me")	
Daytime phone:		Evening pl	none:	
Name of employer:			Position:	
E-mail address:				
Mother's/Legal Gua	rdian's Education	al Level <i>(Pleas</i>	e circle):	
Middle Scho	ol Some H	ligh School	High Scho	ool Diploma
Some College		Associate's De	gree Ba	chelor's Degree
Some	e Grad School	Master	's Degree	



Address:			
(If same as	student, write "same")		
City, state and zip:			
(If s	ame as student, write "s	same")	
Daytime phone:Evening phone:			
Name of employer: Position:			
E-mail address:			
Father's/Legal Guardian's	Educational Level (Pleas	se circle):	
Middle School	Some High School	High School Diploma	