



## Membership Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ (Cell/Home)

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade (18-19 School Year): \_\_\_\_\_

Please list any academic or civic organizations and activities that will require a significant time commitment during your time in the Leon Valley Leadership Academy. Include the amount of hours per week you commit to these activities.

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How did you hear about the Leon Valley Leadership Academy?

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What do you know about city government or the City of Leon Valley in particular?

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Why are you a good candidate for the Leon Valley Leadership Academy?

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