

Scott Anderson Leadership Forum Application



Deadline: Individual schools set their own deadline but it is generally in the first week in May.

Instructions: Please fill-out the following application. When complete, print the application and have your parent or legal guardian sign the application. Attach your non-refundable payment of \$150 and return to the SALF staff member at your school. Make checks payable to ISD 709.

Please note: In order to participate in SALF, you must be nominated and committed to participating in a full week of activities. If you are interested in applying and were not nominated, please schedule a time to meet with your SALF staff member. Staff members can be found under the Contact portion of the Scott Anderson Leadership Foundation website.

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|--------------|----------------------|----------------------|----------------------|--------------|----------------------|
| First Name | <input type="text"/> | Last Name | <input type="text"/> | Gender | <input type="text"/> |
| Address | <input type="text"/> | | | | |
| City | <input type="text"/> | State | <input type="text"/> | Zip | <input type="text"/> |
| Phone Number | <input type="text"/> | Email Address | <input type="text"/> | | |
| Cell Number | <input type="text"/> | Parent's Cell Number | <input type="text"/> | | |
| School | <input type="text"/> | Grade Next Year | <input type="text"/> | T-Shirt Size | <input type="text"/> |

I am looking forward to participating in the Scott Anderson Leadership Forum. Sign me up!

Applicant's Signature _____ Date _____

It is the policy of SALF to obtain permission from the parent/guardian before allowing any picture, video or recording to take place by a media outlet. If you do not feel comfortable giving permission, please feel free to decline. Do you agree to permit such media recording? Agree Disagree

Parent/Guardian Signature _____ Date _____