**LOOK to Clermont**

Application 2016-2017

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Name: (first) (middle) (last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname/Name you prefer to be called:

Date of Birth: Sex: 🞎 M 🞎 F

Home Address: (street)

City & State Zip:

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: .

Parent or Guardian Name (s):

Parent or Guardian Email Address:

Parent or Guardian Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL DATA

School: Grade:

Address (street):

City & State: Zip Code:

School Phone: School Fax:

School Guidance Counselor:

School Principal:

SCHOOL/COMMUNITY ACTIVITIES

Organization/Activity: Position/Participation:

 \_\_\_\_\_\_

Honors, Awards, Achievements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WORK EXPERIENCE

List any part-time job experience, paid or volunteer, and briefly describe the work you did/do.

Do you currently have a part-time job? How many hours per week?

GENERAL

Give an example of how you have demonstrated individual leadership:

What benefits do you expect to gain from your participation in LOOK to Clermont?

What will you contribute to this program?

PARTICIPATION AGREEMENT

I have read and understand the program requirements, including the attendance and funding policies. My son/daughter has my support and permission to participate in the LOOK to Clermont Youth Leadership Program.

**Signature of Parent or Guardian Date**

*This verifies the parent/guardian’s understanding of attendance requirements, project and commitment to class*

I permit LOOK to Clermont 4-H to print photographs and biographical information about myself in the

LOOK to Clermont Graduate Directory and in material promoting the programs and accomplishments of its graduates.

Yes No

#### Signature of Applicant Date

###### *This verifies the applicant’s understanding of attendance requirements, project and commitment to class*

#### Signature of Principal Date

*This verifies the principal’s understanding of monthly attendance requirements*

#### Signature of Guidance Counselor Date

*This verifies the review of the student’s eligibility*

***Deliver in person to:***

OSU Extension Clermont County

1000 Locust Street
Owensville, Ohio 45160
(Office located in Ag Center of Clermont County Fairgrounds)
Office hours M-F:
8:00 a.m. to 4:30 p.m.

**Due by March 18, 2016**

APPLICATION RETURN

***By mail:***

OSU Extension Clermont County

LOOK to Clermont

P.O. Box 670

Owensville, Ohio 45160

***Learn more:***

513-732-7070

[clermont.osu.edu](http://clermont.osu.edu/)

***By scan / email:***

Send to Pam Clark
at

Clark.2652@osu.edu

***By fax:***

513-732-7060

CRITERIA FOR SELECTION

To be eligible, the participant must be going into his/her junior or senior year, reside in Clermont County and have:

* High standards of personal quality and integrity
* Sincere willingness to serve the community
* Participation in school or community activities
* 3.0 or higher GPA for juniors OR 3.5 or higher GPA for seniors

Parental permission and support

PARENTAL PERMISSION

By participating in the LOOK to Clermont 4-H Youth Leadership Program, your son/daughter is making a commitment to take part in a leadership development program. Please be aware of the program requirements and understand that students are expected to attend all program activities.

PROGRAM REQUIREMENTS

* PSEO-eligible class load
* Orientation for parents & students in August
* Full-day class meetings September thru April
* Complete a group class project (requires time outside of class)
* Graduation event in April
* Dress Code
	+ Class Days – Business Casual – No jeans (unless instructed otherwise)
	+ Graduation - Business casual
* Transportation
Meetings will be held at a variety of sites throughout the county. Specific locations and directions, along with class agendas, will be distributed to students. Students are to provide own transportation to and from class sites.

ATTENDANCE

* Students are expected to be on time for class sessions and project team meetings
* Students may miss one class per semester
* Absences will be communicated to school principals/counselors per district requirement

FUNDING

PSEO credit is administered by UC Clermont and The Ohio State University. The guidance counselors and student are responsible for submitting all PSEO paperwork by school and state guidelines. The remaining program costs are funded by individual, corporate and community organization contributions.