



### Eligibility Requirements

- Enrollment as a junior at Fremont High School or Archbishop Bergan Catholic High School for the 2025-2026 academic year
- Students selected must commit to full participation in the program.
- Participants must have the desire to develop and utilize leadership skills.

### Instructions

- Application forms are available at the high school guidance office, the Fremont Area Chamber of Commerce (128 East 6<sup>th</sup> St.) or online at [www.fremontne.org](http://www.fremontne.org).
- Complete the application with all the necessary signatures. Incomplete or late applications will not be considered.
- Completed application and reference form is due by Friday, April 18<sup>th</sup>, 2025 at 4:00 p.m.
- For further information, contact Cailin Brashear at the Fremont Area Chamber of Commerce office at (402) 721-2641 or [cailin@fremontne.org](mailto:cailin@fremontne.org)

Submit applications to:

By Mail:

Fremont Area Chamber of Commerce  
Youth Leadership Academy  
128 East Sixth Street  
Fremont, NE 68025

Drop Off:

Fremont Area Chamber of Commerce  
128 East Sixth Street  
Fremont, NE 68025

### Selection Process

- Applications will be reviewed by the Leadership & Professional Development Council to ensure an unbiased evaluation of candidates.
- Finalists will be invited to an in-person interview from which the final class selection will be made. Interviews are tentatively scheduled April 23<sup>rd</sup> – April 30<sup>th</sup>.
- Successful applicants will be notified in writing by **May 16, 2025**.

### Graduation Requirements

- Attendance is required at **all** sessions. The sessions will be held during the day until approximately 3:00 p.m. and should not interfere with after school activities. Every effort will be made to avoid conflicts with other school functions. Your teachers and coaches are aware of this program and your absence from school during these sessions will be excused. One excused absence from the program may be allowed under certain pre-arranged circumstances. Participation is a privilege, so attendance is your responsibility. Participants will have the opportunity to Graduate with Honors if they fulfill the requirements set by the planning committee.
- Prepare a brief presentation of a community and service learning project demonstrating the knowledge and leadership skills gained.

### Program Funding

- Through the title sponsorship of RVR Bank, each student receives a partial scholarship. The remaining tuition amount of \$300 covers all costs associated with the program including educational materials, meals, transportation, and the graduation banquet. **It is our belief that financial hardship should not be a barrier to the development of young leaders, as such tuition assistance is available. Please contact Cailin Brashear at the Fremont Area Chamber of Commerce office at (402) 721-2641 or [cailin@fremontne.org](mailto:cailin@fremontne.org)**
- Students often pay for their tuition from their part-time job income, sponsors, service clubs, employers, or parents/guardians. Each student is responsible for reporting their progress in the program to their sponsor throughout the year.
- Youth Leadership Academy is a program of the Fremont Area Chamber of Commerce Foundation and RVR Bank.



# YOUTH LEADERSHIP ACADEMY APPLICATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Parent/Guardian Name(s)

\_\_\_\_\_  
Parent/Guardian Phone (s)

\_\_\_\_\_  
Parent/Guardian Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Parent/Guardian E-mail address

Polo Shirt Size : Men \_\_\_\_\_ Women \_\_\_\_\_

## VISION

Youth Leadership Academy is designed to assist participants in developing leadership skills and in expanding their awareness of the social, economic, and political challenges facing the Fremont community. The Leadership Fremont Alumni Association believes that each participant has the potential to become a leader and valuable decision-maker in the future.

**In a new document, please provide your answers to the following questions:**

1. Please explain what you hope to gain by participating in Youth Leadership Academy.
2. How do you believe citizens can contribute to the betterment of their communities?
3. What do you think are the two most significant challenges facing the Fremont area? Please be specific and for each challenge suggest a solution.
4. What are your long-range goals? Where do you see yourself in ten years?
5. What strengths do you feel you will bring to the Youth Leadership Academy program?

## VOLUNTEER EXPERIENCE

List any past or present volunteer experiences including dates volunteered and job duties.

## INTERNSHIP/WORK EXPERIENCE

List any past or present job experience including dates employed and duties. Start with your most recent.

## AWARDS AND HONORS

List awards, honors, or recognition for academic, school, or community related activities received from the 7<sup>th</sup> through 10<sup>th</sup> grades.

## ORGANIZATIONS AND ACTIVITIES

Please list, **in order of importance to you**, any school, religious, social, athletic, hobbies, or other activities or organizations in which you have participated in from 7<sup>th</sup> through 10<sup>th</sup> grade including your leadership responsibilities and involvement.

## REFERENCES

One completed reference form is **required**. Please include your sealed reference form with your application. References are recommended from someone who knows you well, other than a parent or relative. Your high school principal, counselor, teacher, coach, scout leader, church leader, etc. often make good references.

If you have questions, please contact Cailin Brashear at the Fremont Area Chamber of Commerce office at (402) 721-2641 or via email at [cailin@fremontne.org](mailto:cailin@fremontne.org).

## APPLICANT COMMITMENT

**“I understand the purposes of the Youth Leadership Academy program. If I am selected, I will devote my time and resources to completing the program. My attendance is expected at all sessions. If I miss more than one session, I understand that I may be asked to withdraw from the program.**

**In addition, I agree to complete assignments and projects required by the program. In signing this application, I understand and accept these commitments and agree to honor them.**

**Furthermore, I understand that my conduct at all times represents the Youth Leadership Academy program. As a role model, I pledge to make positive decisions that would be expected from an up and coming leader on my campus and in my community. I understand that inappropriate or illegal conduct outside of Leadership Academy activities may lead to my dismissal from the program and that my registration fee will be forfeited.”**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PRINCIPAL'S AGREEMENT

Applicant's GPA (Grade Point Average) is \_\_\_\_\_ on a \_\_\_\_\_ point scale. “I support this student's application to Youth Leadership Academy and understand that the student will participate in a one-day session each month, August through April and the student will not be in class those days.”

\_\_\_\_\_  
Signature of Administrator or Guidance Counselor

\_\_\_\_\_  
Date



**PERSONAL REFERENCE FORM**  
(FROM AN ADULT, NON-FAMILY MEMBER)

This section is to be completed by the Applicant:

Name of Applicant: \_\_\_\_\_  
First Middle Last

Name of Recommender: \_\_\_\_\_

\*\*\*\*\*The following section is to be completed by an adult, non-family member\*\*\*\*\*

TO THE RECOMMENDER: Please assess the applicant named above to help us determine this candidate's qualification for the Youth Leadership Academy. The contents of your statement will remain confidential. (Note: Please return this form in a sealed envelope signed across the seal.)

How long have you known the applicant and in what capacity? \_\_\_\_\_

\_\_\_\_\_

Please comment on each of the following characteristics of the applicant.

Initiative: \_\_\_\_\_

\_\_\_\_\_

Attitude: \_\_\_\_\_

\_\_\_\_\_

Leadership: \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Recommender's Name (Please print or type) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Please enclose this form in a sealed envelope, sign it across the seal and return this form to the applicant before Thursday, April 17<sup>th</sup>, 2025.**



## SAFE ENVIRONMENT FORM

**In the State of Nebraska, a child 18 years and younger is considered legally a minor. Guardians of minors must provide the following information prior to the child's participation.**

**Child's Name:** \_\_\_\_\_

### Guardian Information

**Guardian 1 Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*City, State, and Zip Code*

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

Work Phone: \_\_\_\_\_

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

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

Can we text you if need be? Y N

Place of Employment: \_\_\_\_\_

**Guardian 2 Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*City, State, and Zip Code*

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

Work Phone: \_\_\_\_\_

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

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

Can we text you if need be? Y N

Place of Employment: \_\_\_\_\_

**Safe Environment**

Child's School: \_\_\_\_\_

Allergies/Medications/Medical Conditions?: \_\_\_\_\_

Does your child have any special needs?: \_\_\_\_\_

Are there any circumstances in your child's life that should be brought to our attention?:

In case of an emergency, who may we contact should you be unavailable?

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*City, State, and Zip Code*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*City, State, and Zip Code*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Thank you for helping us provide a safe environment for  
Youth Leadership Academy students!**



**PICTURE, VIDEO, QUOTES PERMISSION FORM**

I give my permission for the Fremont Area Chamber of Commerce to publish photographs, videos, and verbiage of \_\_\_\_\_ while participating in the Youth Leadership  
Child's Name

Academy program and/or activities. I understand that these photographs, videos, and verbiage may be used for brochures, presentations to parents, students, and other interested groups, and for other public relations purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date