

LEADER IN TRAINING



APPLICATION FORM Summer 2023

Date: _____

Name:				Age:		
Address:			C:L.	Charles		
	Street		City	State	Zip	
Email:						
Phone:						
	pplying for: Session 1: (June 5 - June 30) Applications due by: May 31st		Session 2: (July 3 - July 28) Applications due by: June28th			
Days & Hours A	vailable:	1			1	
Mon.	Tues.	Wed.	Thurs.	Fri.		
Parent/Guardio	an Info:					
Name			Relatio	n		
Email			Cell Phon	e		
			Work Phon	e		
Grade Level		School Name		Years Attended	GPA	
		<u> </u>				

Previous Work/Volunteer Expe	erience:				
Location		Dates			
			Begin	End	
Supervisor Name		Phone			
Job Duties:					
Hobbies/Sports/Extracurriculo	ar Activities:				
Awards/Achievements:					
What do you expect to acco	mplish or gain from the LIT Pr	ogram?			
References: (teachers, guida	nce counselors, church offic	ials, etc.; do n	ot include rel	atives)	
Name	Address		Phone	Relation	
		-			
Applicant Signature:		_	Date:		
Parent/Guardian Signature:			Date:		