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| Parent or Guardian Affirmation |  |

## Contact Information

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| Name |  |
| Address, City, State, Zip Code |  |
| Home/Cell Phone |  |
| E-Mail Address |  |
| Relationship to Applicant |  |

## In General

### Our mission is to empower, equip and engage student leaders from a place of equity. We are seeking students who want to positively impact their community, and who will benefit from the extra opportunities, resources and support that our program has to offer. We use character training, educational achievement and community engagement projects to help launch our leaders into success. We cannot accept every student who applies to our program, so we are seeking students, and families, who will put in the work to take advantage of the opportunities that we provide. We meet most Sunday evenings during the school year from 6:00 – 8:30 p.m., and as long as the students meets the requirements of our program, we work with our students from 9th grade through the first year of college. We value building relationships and staying connected to our students’ families, so we build in a family orientation, quarterly family potlucks and a year-end celebration to stay connected. Almost all of our students are first-generation college-bound students and facing some sort of hardship whether that be financial or some other hardship. So this is an application where sharing some of the challenges that your student or your family faces is actually a benefit to your child’s application. Please visit [www.leadershiplaunch.org](http://www.leadershiplaunch.org) and <https://www.facebook.com/leadershiplaunch.org/> to learn more about Leadership Launch. Please return the affirmation at your earliest convenience.

## About Your Child

### Please tell us a little bit about your child. What are a few of your child’s strengths? What is your child interested in or passionate about?

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## Leadership Potential

### Do you believe your child has leadership potential and a desire to positively impact the community? Why or why not?

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## Expectation of the Program

### What do you hope that your child will gain from participating in the Leadership Launch program? Are you willing to support your child in this program by coming to a family orientation in August, and quarterly meetings (one in December, March, and June) to stay up to date on your student’s progress in our program, and communicate with us if issues arise that will affect your child’s participation in our program?

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## Challenges to Success

### What do you think may be some of the biggest obstacles to success that your child will face and how can Leadership Launch assist your child in overcoming those obstacles?

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## Additional Information

### Please provide any additional information that you think would be helpful for us to know when considering your child for enrollment into the Leadership Launch program.

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## Confidentiality

### The information provided in this affirmation is confidential.

## Agreement and Signature

### By submitting this nomination, I affirm that the facts set forth in it are true and complete to the best of my understanding.

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| --- | --- |
| Signature and Date |  |

Thank you for completing this form. Please contact us with any questions.