

# MARION BARRY YOUTH LEADERSHIP INSTITUTE



## FIRST-YEAR PARTICIPANT APPLICATION

Applicants for the Marion Barry Youth Leadership Institute (MBYLI) must be residents of the District of Columbia and 14 to 19 years of age and apply to the Mayor Marion S. Barry Summer Youth Employment Program (MBSYEP). To apply to MBSYEP, please go to [summerjobs.dc.gov](http://summerjobs.dc.gov). For information about MBYLI, please call (202) 698-5826.

### PERSONAL INFORMATION (Please print or type)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
(City) (State) (Zip Code) Ward \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
(Male) (Female)

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Cell)

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
(Home) (Cell)

Address \_\_\_\_\_  
(City) (State) (Zip Code)

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

In case of emergency, whom should we contact?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
(City) (State) (Zip Code)

How did you learn about the Institute? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE/VOLUNTEER EXPERIENCE**

List work experience(s) (include dates of employment, volunteer, and community service). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TALENTS AND INTERESTS**

List your extracurricular activities, hobbies, and interests. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HONORS AND AWARDS**

List your honors and awards. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**POST-SECONDARY PLANS**

Please tell us your plans upon graduation. Check all fields that apply.

Two-Year College _____	Vocational /Trade Training _____	Full-Time Employment _____
Four-Year College _____	Military _____	Not Sure _____

**FUTURE CAREER INTERESTS**

Please check all fields of interest that apply.

Business _____	Science _____	Hospitality _____
Entertainment and Media _____	Government _____	Education _____
Technology _____	Entrepreneurship _____	Other _____

# RECOMMENDATION FORM

This recommendation must be completed by a community leader, teacher, employer, adult mentor, or leader from the faith-based community. The individual cannot be a family member or a personal friend. Please return this form to the MBYLI office by close of business on April 22, 2016. This form can be mailed to: Attn: MBYLI 4058 Minnesota Avenue, NE, Washington, DC 20019 or scanned and emailed to MBYLI@dc.gov.

Applicant Name \_\_\_\_\_

***Please rank the applicant on a scale of 1 to 10, with 10 being the highest, in the following categories:***

Attitude	_____	Creativity	_____	Academics	_____
Personality	_____	Discipline	_____	Listening Skills	_____
Initiative	_____	Leadership	_____	Punctuality	_____
Friendliness	_____	Communication Skills	_____	Work Habits	_____

How long have you known the applicant? \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you recommending the applicant for MBYLI? (You can add an attachment) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(Please Print)

Affiliation/Organization \_\_\_\_\_

All recommendations are due no later than Friday, April 22, 2016.

**PERSONAL STATEMENTS** Please note that there are no right or wrong responses, so feel free to answer openly and honestly. Attach additional sheets if necessary.

What are your reasons for applying to MBYLI? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Imagine you are the Mayor. What two actions would you take to make the District of Columbia a better place to live?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think is the most important characteristic of a good leader? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Have you previously applied to MBYLI? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Did you participate in the 2015 Summer Youth Employment Program? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Please check your T-shirt size (one size only)

Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX-Large \_\_\_\_\_ XXX-Large \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

**NOTE: To be considered an applicant for MBYLI, youth must apply to the Mayor Marion S. Barry Summer Youth Employment Program. To apply, please go to [summerjobs.dc.gov](http://summerjobs.dc.gov). For additional information about MBSYEP, please call (202) 698-3492.**

***DEADLINE FOR SUBMISSION OF THIS APPLICATION IS FRIDAY, APRIL 15, 2016.***

*This completed application must be received in the Office of Youth Programs by the deadline date. The Office of Youth Programs is located at 4058 Minnesota Avenue, NE, Washington, DC 20019.*