



Youth Leadership Council

APPLICATION

Thank you so much for your interest in the YLC!

Please complete the application and return to:

**Make-A-Wish Alabama
ATTN: YLC Manager
One Perimeter Park S
Suite 100S
Birmingham, AL 35243**

For more information, please contact your region's development manager:

Huntsville/North Alabama

Lacy Fitzpatrick

lfitzpatrick@alabama.wish.org

205.649.2668

Birmingham/Central Alabama

Christina Gilliam

cgilliam@alabama.wish.org

205.440.1931

Mobile/South Alabama

Abby Scioneaux

ascioneaux@alabama.wish.org

251.402.0754

PERSONAL INFORMATION

Student's Name: _____ Birth date: ___ / ___ / ___

Home Address: _____

Student Phone: (____) ____ - _____ Student Email: _____

SCHOOL INFORMATION FOR AUGUST 2023 - MAY 2024 SCHOOL YEAR

Name of School: _____

Extra-Curricular Activities and amount of time devoted to them: _____

Grade level: _____



EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to Student: _____

Phone: (____) ____ - _____ Email: _____

**PLEASE ANSWER THE QUESTIONS BELOW.
FEEL FREE TO ATTACH ADDITIONAL SHEETS AS NEEDED.**

Why are you interested in the YLC Program?

Do you have any prior involvement with Make-A-Wish? If so, please describe.

Have you ever fundraised before? If so, please explain.

Are you able to attend monthly meetings between August 2023-May 2024? Yes No

Please attach your resume to the application.

PARENTAL / LEGAL GUARDIAN PERMISSION: I have reviewed the above application and YLC Flyer and understand the requirements of YLC members.

Parent/Guardian, Printed Name Signature Date

Student, Printed Name Signature Date
