

Youth Leadership Council 2026-27 Application



Name:

School:

Clubs/Organizations involved in:

Grade (26-27 school year):

Age:

Birthday:

Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Do you have a previous relationship with Make-A-Wish Idaho?

Name of Teacher/Advisor willing to be involved:

Teacher/Advisor Phone Number:

Email: Have you helped plan a Make-A-Wish event at your school before? If I could wish for anything, I would...

Wish to go:

Wish to be:

Wish to meet:

Wish to have:

Why do you want to be a part of the committee and how will you help the committee grant more wishes by raising funds and awareness at your school? (Please attach your answer with a minimum of 2 paragraphs)

Student Signature:

Date:

Parent/Guardian Signature:

Date: