



Youth Leadership Committee 2026-2027 Application

Name: _____

School: _____

Clubs/organizations involved in: _____

Grade (2026-2027 school year): _____ Age: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Relationship to Make-A-Wish: _____

Name of Parent/Mentor willing to be involved: _____

Parent/Mentor Phone #: _____ Email: _____

If I had to create a fundraiser, I would: _____

If I could wish for anything, I would:

Wish to go: _____

Wish to be: _____

Wish to meet: _____

Wish to have: _____

Desired day and time for monthly meeting: _____

How did you hear about the Youth Leadership Committee? _____

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? *(Please attach your answer with a minimum of 2 paragraphs)*

Student Signature

Date

Parent / Mentor Signature

Date

Submit application to Nyepes@sfla.wish.org by September 23rd.

For more information, contact Natalia Yepes,
Special Events Coordinator, at the email above
or by calling (305) 428-2149

