

For office use only

Date received: _____

Interview Date: _____

ETC YOUTH LEAD APPLICATION Watershed ED-ventures

I. STUDENT INFO

Read the instructions carefully and send this completed application back to ETC no later than May 1st. If your application is later than May 1st please contact the Youth LEAD Program Manger at (415) 474-7662, ext. 16. Admissions are conducted on a rolling, on-going basis. Spaces are limited, so send in your application as soon as possible. Please note that there are two sides to this paper.

Full Name: _____

Age at course start: _____ Date of birth: _____

Home phone: (_____) _____

Best hours/days to call: _____

Parent/Guardian's work phone: (_____) _____

Parent/Guardian/Student cell phone: (_____) _____

Student's Address: _____

City/State/Zip: _____

E-Mail address(s) If available: _____

II. CHECK THE FOLLOWING BOXES AS YOU COMPLETE EACH REQUIREMENT

- 1. Answered questions and short essays on both sides of this sheet.
- 2. Filled out the paper for a scholarship if applicable (separate form).
- 3. Sent scholarship essays if applicable (student and parent essays).
- 4. Scheduled medical exam for the Student and Doctor Physical History Forms.

Note: We will contact you once we receive this completed application form to set up a phone or live interview, depending on how close you live to San Francisco. If you are accepted we will send out detailed trip information, tuition payment papers, and invite you and your parents to a Youth Leadership Open House where we will provide additional information about our program.

Please turn this sheet over→

III. SHORT ESSAYS

1.) Explain why you would want to join ETC's Youth LEAD program, and what do you hope to gain from this experience?

2.) What personal qualities do you think you will contribute to the school?

3.) What has been one of the greatest challenges you have faced in your life and how did you deal with it?

4.) How did you find out about ETC's Youth LEAD Program? (Check one)

Friend (name) _____ Flyer/Newspaper Summer Search
 Relative (name) _____ Camp Fair Teacher/School

5.) Please rank your preferences for the school dates (use 1, 2, and 3 or not interested)

Trip 1 Dates: 6/18/2009-7/11/2009 Co-ed Rafting, Sea-kayaking & Expedition
Backpacking - (24-Days)
 Trip 2 Dates: 7/20/2009-8/9/2009 Young Women's Rafting, Sea-kayaking &
Expedition Backpacking - (21-days)
 Trip 3 Dates: 8/4/2009-8/15/2009 All Abilities Sea-kayaking and Rafting –
(11-Days)

6.) Do you qualify for school lunch? (Circle one): NO YES

7.) Applying for a scholarship? (Circle one): NO YES
If yes, fill out the scholarship form.

7.) List two references that we may contact (NO RELATIVES PLEASE!)

Name _____
Phone: _____ Relationship: _____
Address: _____
Email: _____

Name _____
Phone: _____ Relationship: _____
Address: _____
Email: _____

IV. RETURN APPLICATION BY MAY 1st TO:

Please call if after deadline to check if there is still space on the courses.

**Environmental Traveling Companions
Youth LEAD Program Manager
Fort Mason Center, Bldg. C
San Francisco, CA 94123
PHONE (415) 474-7662 ext. 16
FAX: (415) 474-3919
E-MAIL: ylp@etctrips.org**