LEADERSHIP CHALLENGE WEEKEND

Application

Requested Course Date(s):_____

Name:_____ **Gender:** M F
Last First MI

DOB:_____ **T-shirt Size:** S M L XL XXL

Home Address: _____ **Phone:** _____
Street Home

_____ **Email:** _____
City State Zip

High School: _____ **Phone:** _____
School

HS Address: _____ **Class Year:** _____
Street

_____ **Current GPA:** _____
City State Zip

Unit Commander or
Career Counselor: _____ **Phone:** _____

Please list all academic, leadership, extracurricular, school & community activities & accomplishments:

_____

_____ _____

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To be considered the applications must be complete.