

Youth Leadership Committee Application

Share the power of a wish® in Southern Florida



Name: _____

School: _____

Clubs/organizations involved in: _____

Grade: _____ Age: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Relationship to Make-A-Wish: _____

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: _____

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