

**Application for the Agape Youth Ministry's Student (Youth) Leadership Program
(AYM) (SLP)**

Name: _____ DOB _____ Date Submitted: _____

E-Mail _____

Address _____ City _____ State _____ ZIP Code: _____

Phone # Home _____ Cell # _____ TEXT (N ___/ Y ___)

Parents /Guardian Name: _____

Address (If different than above) _____ City _____ State _____ ZIP Code _____

Phone# Home _____ Cell _____ Text (Y ___N ___

E-mail Address _____

Permission to us photo: Yes ___ No ___ In AYM Promotional Material Grade School: ___

Understanding of Participation in AYM Student (Youth)) Leadership Program (SLP)

It is understood by the listed participating student and the listed student parent or guardian that they will participate and complete the AYM Student Leadership Program; completion of Dig Deeper Bible School (DDBS) and all its required activities, participation in Student Leadership University (SLU), Sessions 101&102, and all its required activities, participate in Teen Missions International's Boot Camp and Missions program and all its required activities.

It is understood that upon completion of the SLP program that AYM will certify that the listed student has completed the SLP program. INT ___

It is also understood that AYM Will provide matching funds for any of the cost of participation in the above programs whenever possible under its AYM Scholarship Program. INT ___

It is also understood that the above listed student needs approval from an AYM/ Community Youth Group to participate in any of the SLP programs. INT ___

The above listed student and parent/guardian agree and understand all the requirements to participate in the AYM/ SLP. INT ___

Student Name: _____ Signature: _____
Print

Date: _____

Parent/Guardian: _____ Signature: _____

Print

Date: _____