



# 2020 Leadership Summit

## Application

Student selection for 2020 Leadership Summit will be based upon participation in GEAR UP sponsored services, potential leadership abilities, academic ownership, and the ability for a family member/advocate to attend the Parent Leadership Summit and resume responsibility for the student outside of workshop hours.

### Student Information

County: \_\_\_\_\_ School \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Will you be a first-generation college student (meaning your parents have not completed a bachelor's degree)?  YES  NO

Have you attended any GEAR UP Georgia activities or events at your school or county this school year?  YES  NO

If yes, please list which activities: \_\_\_\_\_

### Student Agreement and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that selection is competitive and contingent upon my parent/guardian's ability to attend and participate in the Parent Leadership Summit. If this application leads to selection, I understand that if I accept this nomination to attend the GEAR UP Georgia Student Leadership Summit, I must attend all sessions throughout the course of the summit and remain with my parent/guardian when not in a session. I understand that I will be a representative of my school and county and must continue to follow rules and procedures set forth by my school.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Agreement and Signature

*I understand that if my student is selected to attend the 2020 Leadership Summit, I must attend the Parent Leadership portion throughout the course of the day and am responsible for my student when not in a summit session. I hereby authorize my student to submit an application for the GEAR UP Georgia Leadership Summit.*

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



