



## **Application Form- Global Leadership Program**

Thank you for your interest in becoming a student in our Global Leadership Program. Applications will be reviewed and processed in the order they are received. Please submit your completed application by the date below. Interviews will be scheduled on a rolling basis with all applicants who submit complete applications by the deadline.

PSBI requires two (2) references from people who are not your parent/guardian or a relative. Please send the reference form to each reference and ask them to complete before the application deadline.

**APPLICATION DEADLINE:** Monday, June 28, 2021 (In-Person Summer #1 Session)  
Monday, July 19, 2021 (Virtual Summer #2 Session)

If you have any questions, please contact Kerriann Ruane at kruane@pearlsbuck.org or 215-249-0100, ext. 126.

### **Session Preference:**

- In-Person Summer #1 Session      July 19 - July 23, 2021  
 Virtual Summer #2 Session      August 9 - August 20, 2021

### **STUDENT INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade:       9<sup>th</sup> grade       10<sup>th</sup> Grade       11<sup>th</sup> grade       Other

Graduation Year: \_\_\_\_\_

### **Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_

Is mailing address same as above?  Yes     No

If no, please provide address:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact  
(other than parent): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please answer the following questions in paragraph form:

1. Please describe your participation in extracurricular activities (sports, activities, clubs), volunteer work, and part-time jobs over the last two years.

2. What do you think makes someone a good leader?

3. What characteristics/traits do you have that you feel makes you a strong leader?

4. What do you wish to gain from this program?

5. Are there any additional things that you think would be helpful for us to know about you?

Please sign below:

Name: \_\_\_\_\_

Date: \_\_\_\_\_