



**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 27, 2022**

If you have any questions, please contact Laura Kauffman at lkauffman@pearlsbuck.org or 215-249-0100, ext. 128.

<b>Session:</b>	<input type="checkbox"/> Summer/ July 2022	<input type="checkbox"/> Summer/ August 2022
	July 18 – 22, 2022	August 1 – 5, 2022
	M-F 9:00am to 4:00pm	M-F 9:00am to 4:00pm

**STUDENT INFORMATION**

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

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

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

\_\_\_\_\_

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

Student 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 for parent or guardian:

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

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

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

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

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

Emergency Contact Phone Number: \_\_\_\_\_

Please answer the following questions in paragraph form (if you need additional space please attach extra pages):

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: \_\_\_\_\_