

# MOLLOY UNIVERSITY

Teen Leadership  
Program

## Student Application

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

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

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

Provide 3 reasons why you would like to be a part of the program:

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

Have you ever been involved in community service? If yes, please describe.

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Availability: The program meets on one or two Friday evenings a month at 6 pm. Are you available at that time? **Yes** \_\_\_\_\_ or **No** \_\_\_\_\_

Transportation: Meetings are held at the Molloy Suffolk Center in Amityville. Will you be able to arrange transportation to and from the meetings: **Yes** \_\_\_\_\_ or **No** \_\_\_\_\_

How did you hear about the program: \_\_\_\_\_

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Provide one high school reference (teacher, guidance counselor, coach) and one personal reference (employer, friend, family)

1) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone or Email \_\_\_\_\_

2) Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone or Email \_\_\_\_\_

Please share anything else you would like us to know: \_\_\_\_\_

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Thank you!

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