



The Ryan Odelle Mance

MEMORIAL SCHOLARSHIP FOUNDATION, INC

"Affirming African American Males' Academic and Artistic Ascent"

Leadership Mentoring Program Application

(This application may be photocopied)

Application Instructions

Please read the program information below to determine if the Leadership Mentoring Program is of interest to you. After reading the program information, please take the time to think about whether you can dedicate two-hours on a Saturday per month to this program. If you are both interested and are committed to dedicating the requisite time to the program, please complete the application.

Program Information:

Thank you for your interest in the Leadership Mentoring Program. The program will provide ongoing academic and career guidance to African American males equipping participants with practical knowledge of leadership principles essential to progress through college and to climb the career ladder. The program is designed to provide an introduction to a number of topics to which some young male students are often not made privy until they have lagged behind their peers in other social networks. Topic areas will include but will not be limited to: Communication, Time Management, Conflict Management, Team Development, Problem Solving, Leadership and Followership, and Respecting Diversity.

APPLICANT INFORMATION *(Type in black ink only)*

Name: _____
Last First Middle

Permanent Address: _____
Street

_____ City State Zip

Contact Information: _____
Home Telephone # Cell # E-Mail Address

Please provide a short explanation regarding your desire to be a part of the program:

After your application is approved, you will receive a link to a brief pre-program survey. Please take the time to provide thoughtful responses as your input will be used to gauge the success of our program. Thank you.

I certify that if I am accepted into the program, I will attend a minimum of 80% of the program sessions, will promptly arrive to and be picked up from sessions, will actively participate and will complete all outside assignments and activities as agreed upon during the sessions.

Applicant's Signature _____ **Date** _____

Parent/Responsible Party Information **Father** **Mother** **Guardian**

Name: _____
Last First Middle

Permanent Address: _____
Street

_____ City State Zip

Contact Information: _____
Home Telephone # Cell # E-Mail Address

I certify that I will ensure that the above program applicant will have transportation to and from the local program site, that he will be ready to begin sessions on time and picked up promptly at the conclusion of the session and will complete all outside assignments and activities as agreed upon during the sessions.

Parent or Guardian's Signature _____ **Date** _____

Web site: www.ryanomancefoundation.org

Email: info@ryanomancefoundation.org

Telephone: 301-283-0287