



**CLASS OF 2021**  
**PLEASE PRINT**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Name Called: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents (Guardian): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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

**SCHOOL INFORMATION**

Name of School: \_\_\_\_\_ Grade: **11<sup>th</sup>**

Principal's Name: \_\_\_\_\_ District # \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_

**ACADEMIC INFORMATION**

Grade Point Ratio (GPR): \_\_\_\_\_ / \_\_\_\_\_ Class Rank/Size: \_\_\_\_\_ / \_\_\_\_\_

**EXTRACURRICULAR INFORMATION** (You may attach separate sheets)

Activity	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	Hrs/Wk	Wk/Yr	Leadership Positions/Awards


**LIST ANY JOBS THAT YOU HAVE HELD**

(including any part-time and summer employment)

Dates	Job/Employer	Hours/Week
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE COMPLETE THE FOLLOWING QUESTIONS**

(You may attach separate sheets)

1. Which of your activities is most meaningful to you? Please explain why?

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2. In your opinion, what is the most important issue facing your age in Spartanburg County?  
How does this issue affect you?

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3. What would you like to learn about Spartanburg County?

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4. Why would you like to be involved in Junior Leadership Spartanburg?

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## **REFERENCES**

Please give three references, one in each of the following categories.

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

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

                                 Telephone: \_\_\_\_\_

Adult (Non-School): Name: \_\_\_\_\_

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

                                 Telephone: \_\_\_\_\_

**The cost to participate in Junior Leadership Spartanburg is \$140!**

Please indicate who will be paying this tuition?    ☐ School    ☐ Myself/Parent/Guardian

\*Junior Leadership Spartanburg does not discriminate on the basis of age, sex, race, religion, or natural origin.

The information contained on this  
application is complete and factual.

My child has my permission to participate  
in Junior Leadership Spartanburg.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

**GUIDANCE- PLEASE RETURN TO**

***CINDY TEASTER***

***SPARTANBURG AREA CHAMBER OF COMMERCE,  
105 NORTH PINE STREET, SPARTANBURG, SC 29302  
[CTEASTER@SPARTANBURGCHAMBER.COM](mailto:CTEASTER@SPARTANBURGCHAMBER.COM)***

*Occasionally JLS students may be photographed, interviewed, and/or identified for publication, broadcast, transmission, and/or electronic display by the news media, school or Chamber. All releases will be performed in accordance with school policy and privacy laws. As required, only "directory" type information will be provided. This includes name, school, grade level, participation in officially recognized activities, etc. If you have any questions or concerns, please contact Cindy Teaster 864-978-3059*