

Return to: Laura Shiver, Youth Leadership Coordinator

Leadership Programs
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*Youth Leadership Asheville 5
Student Application*

Personal Data

Name _____

Last

First

Preferred Name

Home address _____

City _____ Zip Code _____ Home Phone _____

Length of Residency in Buncombe County _____ Age _____

Circle Gender: Male Female Email Address _____ @ _____

If you are in need of assistance or special accommodation (i.e. vegetarian, hearing impaired or other), please describe here _____

Ethnic/Cultural Background: (optional) _____

Parent/Guardian Data

#1 Parent/Guardian Name _____

#1 Employment (Parent/Guardian) _____

#1 Phone (Parent/Guardian Work #) _____

#2 Parent/Guardian Name _____

#2 Employment (Parent/Guardian) _____

#2 Parent/Guardian Work # _____

Live with _____

In Case of Emergency Call _____

Name

Phone

School Data

School _____ Grade (2006-07) _____

