



MARYLAND LEADERSHIP WORKSHOPS

P.O. Box 83846, Gaithersburg, MD 20883

Dear ALS Applicant,

Thank you for your interest in the Advanced Leadership Seminar Program (ALS) of Maryland Leadership Workshops. ALS is a wonderful opportunity for you to maximize your leadership potential. Before you complete your application, we want to take this moment to explain our program to you so that you are more informed as you navigate the ALS application process. The ALS application process differs from our other programs' processes because of the selective nature of ALS, so please pay close attention to all requirements and deadlines.

**The 2012 Advanced Leadership Seminar will take place from
Sunday, July 15 1:00 p.m. to Saturday, July 21 11:00 a.m.**

ALS is a program designed for students already familiar with the fundamentals of leadership. At ALS, our curriculum and activities change from year to year. Each year, we tailor our program to meet the specific needs of our delegates and incorporate current issues and challenges faced by student leaders. Thought-provoking workshops and activities will build your leadership skills, challenge your abilities, and prepare you for a project that you will work on throughout the week. The project will enable you to practice these skills in a challenging yet rewarding environment.

ALS is a small program, which provides opportunities for you to receive personal attention and support from our staff. The small size also facilitates the creation of a very tight community! We believe that ALS delegates will build powerful relationships with each other and with the staff that will facilitate growth and fun during the week and beyond.

The only thing missing from our program is you! We encourage you to apply to the most innovative leadership program you will find, MLW's Advanced Leadership Seminar. Good luck completing your application and please do not hesitate to contact the MLW office at (301) 527-8222 if you have any questions about the program or your application.

Sincerely,

The ALS Staff

Application Checklist - 2012

A Complete Delegate Application includes all of the following:

To be completed by Applicant and Parent/Guardian:

- Delegate Application Cover Page
- Delegate Leadership Questionnaire
- Evaluation and Interview Request Form
- Signed copy of MLW's Rules and Expectations and Required Signatures
- Summer Program Registration Payment Form and payment

To be completed by Recommender:

- Recommendation Form
To be completed by an adult or peer who can speak to your leadership abilities and potential. The Recommendation Form should be sent by the recommender directly to the MLW office by fax, online submission or regular mail.

To be completed by Parent/Guardian and Physician/Doctor's Office (see Medical Form portion of application):

- Parental Release and Acknowledgment (p. 2)
- Contact and Insurance Information (p. 3)
Please include a photocopy of the health insurance card (front and back)
- Delegate Health History (p. 4)
- MD Department of Health and Mental Hygiene Immunization Certificate (attachment)
- Over the Counter (OTC) Medication Form (p. 5)
- Prescription Medication Form (p. 6)

Incomplete applications will not guarantee placement in the program. It is highly recommended that you make a copy of the complete application before submitting it. Applications should be submitted to:

Maryland Leadership Workshops, Inc. P.O. Box 83846 Gaithersburg, MD 20883

Upon receipt of the application, MLW will send either:

- A confirmation noting that your application has been accepted and a space is being held for you;
- A postcard outlining missing items needed before accepting an application and reserving a spot in the program;
- A letter designating your space on the waiting list, if the program is already full.

Full details include packing lists and directions to the campus will be sent to confirmed participants at the end of June.

Maryland Leadership Workshops, Inc. does not discriminate on the basis of age, ancestry, color, creed, gender identity and expression, genetic information, marital status, ability or disability, national origin, race, religion, sex, or sexual orientation in matters affecting employment or in providing access to programs.



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2012 ALS Delegate Application Cover Page

Please print NEATLY or type your responses

Delegate Name: _____ Preferred Name: _____

Age: _____ Birth date: ____/____/____ Last First M.I.
month date year Gender: M F T-Shirt Size: S M L XL other -

Delegate Email address where program information may be sent: _____

School Attending (Sept. 2012): _____ Grade Entering (Sept: 2012): 9 10 11 12

Type of School (check one): Private Public Other

Ethnic Origin (check all that apply):

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander
- White (non Hispanic) Hispanic or Latino Other (please specify): _____

Home Address: _____

Street Address

Apt. No

City

State

Zip Code

COUNTY (eg Montgomery)

Parent/Guardian Name:	Parent/Guardian Name:
Please provide all contact information and indicate with an * the preferred means of contacting you	
Email:	Email:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:

I am being sponsored to attend MLW by (organization providing funding): _____
in the amount of full tuition of \$ _____ OR partial tuition of \$ _____

I am seeking financial assistance from MLW and have included the financial aid application

I am paying tuition of \$ _____ by personal check credit card other (check one) not applicable

I have asked the following person to complete my letter of recommendation:

Name	Title	phone	email
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I have previously attended an MLW program. Program(s) and Year(s) _____

From which source(s) did you hear about Maryland Leadership Workshops, Inc?

- School Summer Search Booklet Newspaper/Camp Guides Leadership Maryland MLW Alumni
- MASC/Regional Student Council Internet Friends Other: _____

I, the applicant, and the applicant's parents/guardian, have read and signed the following (see attached forms):

- Permission to Apply and Attend
- Payment and Refund Policy
- Expectations and Rules



2012 Required Signatures Page
Parents/Guardians Please read and sign this page

Delegate Name: _____ Program: ALS MSEL SHW

Permission to Apply and Attend

I hereby grant permission for my child _____ to apply to and participate in this program. I permit my child and his/her image to be involved in activities and media events that are designed to promote the benefits of Maryland Leadership Workshops, Inc., including but not limited to photographs, videotapes, posting images on MLW's website, newsletters, and press releases. Additionally, I hereby grant permission for MLW to share the school name and email address of my child with other participants in MLW programs, local school system personnel, Leadership Maryland, and local community leadership associations.

Parent/Guardian Signature

Date

Application, Attendance and Refund Policies

The following refund schedule applies for delegates who cancel their registration.

- ◆ Anyone who cancels before May 1, 2012 will receive a \$450 refund.
- ◆ Anyone who cancels between May 1 and June 1, 2012 will receive a \$300 refund.
- ◆ Cancellations after June 1, 2012 cannot be refunded.
- ◆ Refunds will be issued by September 30, 2012:

All necessary items for a complete application must be received prior to June 15, 2012. A reserved space in the program may be forfeited in order to make room for the delegates who are on the waiting list if material is not received by the deadline.

Students participating in MLW's summer programs must participate in the entire week-long residential experience. Students will not be permitted to arrive at the program late or depart early. Unfortunately, refunds cannot be made to students who, for unexpected health or other reasons, must leave the program early.

MLW reserves the right to expel without refund any student who violates MLW's Rules and Expectations, violates Maryland State law, or for other good cause.

I have read and understand the application, attendance and refund policies.

Parent/Guardian Signature

Printed Name

Date

2012 Expectations of Delegate and Rules for a Safe Week
Delegates and Parents/Guardians - Please read and sign this document.

Expectations of Delegate

RESPECT

Respect for one another is of primary importance for all delegates and staff members to learn and grow throughout the week. Treat others with respectful behavior so that you may expect the same in return. Respectful behavior includes:

- Respect requests made by MLW staff members and campus employees.
- Avoid the use of profanity/obscene language.
- Respect the privacy of MLW participants and other groups who may be using the campus.
- Avoid touching of other people and their belongings (this includes fights and theft).
- Respect all ideas and beliefs and avoid the use of derogatory comments towards other.

ATTENDANCE

It is expected that you will attend all scheduled activities. We have many fun and challenging activities for you and expect that you will be a part of each one.

Eating three balanced meals a day, drinking plenty of liquids, and getting enough sleep will ensure that attending all activities will be no problem.

In case of an emergency or any circumstance preventing participation in activities, notify a staff member immediately!

Rules and Procedures to Follow for a SAFE and FUN week

IN AND AROUND DORMITORIES

There will be no guys on girls' halls and no girls on guys' halls unless approved in advance for an official activity. This includes stairwells that lead from such halls, which are labeled "off limits." Common areas are open to all delegates.

No outside visitors are permitted at anytime during the week without prior permission from the program director.

Do not prop open outside doors at anytime.

In the event of a fire, pull the fire alarm and exit the building quickly, knocking on the doors that you pass. Check in with your assigned staff member at the designated meeting location.

In the event of another type of emergency, contact the staff member who is on "dorm duty." His/her name will be posted on your hall each day.

CHECK-IN AND LIGHTS OUT

Check-in will occur every night at the time indicated in the guidebook you receive at registration. You must check in with a staff member from your hall by the stated time. We will give you time to get ready for bed, and we will usually schedule a hall meeting after check-in.



Lights must be TURNED OFF at the time designated in your guidebook. Although you may be accustomed to staying up a bit later, remember that this week is very active and demands your full energy every day. You will need your sleep to fully participate in all activities.

AROUND THE CAMPUS

At registration, you will receive an MLW button with your name on it. This button must be worn at all times unless, of course, you are in the shower or sleeping. You must also wear shoes at all times except when showering and sleeping (although you may want to wear shower shoes).

You may NOT leave campus at any time or for any reason. If you are uncertain of campus boundaries, ask a staff member. Commercial properties located near the campus are not part of the campus. If you have forgotten a necessity item, give the office staff money and a written description of the item, and they will secure it for you.

You may NOT drive during the workshop at any time. If you think you will be tempted to drive during the week, a staff member will be happy to hold your keys for you.

Do NOT walk alone anywhere — always take a buddy with you.

TOBACCO, ALCOHOL, AND OTHER DRUGS

The possession and/or use of drugs, alcohol, and tobacco is absolutely forbidden at all times during the week. No over the counter or prescription medication is allowed in dorm rooms. All medication is to be turned in to the health consultant at registration and will be available by coming to the MLW onsite office. Only delegates with forms signed by a health practitioner will be allowed to take over the counter or prescription medication.

INAPPROPRIATE BEHAVIOR AND CONSEQUENCES

The expectations outlined above are intended to allow all delegates and staff members to have a safe and successful week. Any behavior described in this document or at the discretion of a staff member that threatens or jeopardizes the safety of other persons or their enjoyment of the program will not be tolerated.

The MLW directors and staff may take any of the following actions as a consequence for delegates who do not meet the expectations outlined above:

- A conference with the delegate and a staff member.
- A conference with the delegate and a program director.
- A phone call home informing a parent/guardian of the incident.
- A delegate-written letter of apology to the offended party.
- The withholding of participation in social activities.
- Removal from the program (a parent/guardian will be requested to pick up the student).

I have read and understand the expectations/rules stated above and acknowledge that I may be dismissed from MLW if I violate any of these rules.

Signature of Delegate Date

Signature of Parent/Guardian Date

ALS 2012 Delegate Questionnaire

Please answer the following questions on a separate sheet of paper in complete sentences. Applicant answers are usually about a half-page to full page in length, but please feel free to use as much space as you would like.

The answers to these questions will determine whether you are accepted to ALS. If you are accepted, the staff will use your answers to design a program to meet your needs.

1. Why do you want to attend ALS?
2. Using your own words, how would you best define or describe “leadership”? Think about characteristics, skills, qualities, and/or behaviors leaders possess in creating your definition/description.
3. Using your definition/description of leadership from question 2, tell us about one instance in which you demonstrated leadership. Describe the skills and qualities you used, the challenges you faced, and how you overcame those challenges.
4. Imagine that you were the leader of a committee that was put in charge of fixing a serious issue facing high school students in Maryland. What serious issue would you choose? Why would you choose this issue? What specifically could your committee do to help?
5. Describe yourself. What are your interests and/or talents? What types of activities are you involved with? What do you like to do in your spare time?
6. ALS is a learning experience designed to help you grow. What aspect of your leadership potential would you like to work on while at ALS? What skills would you like to develop or polish while here at ALS?
7. What is one piece of advice that you have for the 2011 ALS staff as we design our program? Consider what topics or activities you would like us to include, how you’d like us to schedule the days, things you want us to keep the same as other MLW programs and things you’d like to change from other MLW programs.
8. Please list the years that you have previously attended MLW, the program and group that you were in for those years, the main idea of your group’s project, and the major concepts or skills that you took out of each year.

ALS Evaluation and Interview Request Form

As part of the ALS application process, a current MLW staff member must evaluate you, unless you have never attended an MLW program before.

Please list the names of two previous staff members who have worked with you and could evaluate your strengths and weaknesses. If you do not remember the names of specific staff members, please write the name of your previous MLW group so that we can identify a staff member for you.

1.

2.

The MLW office staff will contact the requested staff members with an evaluation form. Evaluations will typically be completed within two weeks of receipt of the request.

If you have never attended an MLW program before, please give the attached recommendation form to someone who can comment on your leadership qualities.

Interview Availability

Additionally, you must participate in a short phone interview with the ALS Director. Please list the phone number on which you would like to be contacted. Also, on the lines next to the days of the week, please list the hours that you are typically available for a 15-20 minute interview each day. Weekday interviews can take place in the evening and weekend interviews can take place during the day. Please list the window of time that you would typically be available.

Primary Phone Number: _____

Secondary Phone Number: _____

Times Available -

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____



ALS 2011 RECOMMENDATION FORM

To complete this form online, please email office@mlw.org to request the link
(please include "Request for link to ALS Recommendation Form" in the subject line)

To the Applicant: If you have never attended an MLW program, this form must be submitted in order for your application to be considered. Your recommendation should be completed by someone who has observed you exercising leadership and can write about your leadership potential.

Applicant Name: _____

To the Recommender: Please answer the questions below based on your interaction with the applicant for Maryland Leadership Workshops' Advanced Leadership Seminar. If accepted, this student will spend a week with 25-30 student leaders from the Mid-Atlantic region, developing his/her leadership skills, implementing a project, and setting goals for action at home.

Your Name: _____

Your Address: _____

Your City/State/Zip _____

Your Phone: _____ Your email address: _____

Your Relationship to Student: _____

Length of Time You Have Known Student: _____

Please rate applicant in the following areas using a scale from 1-5 (1=not at all strong in this area, 2=low in this area, 3=average in this area, 4=good in this area, 5=very strong in this area)

Ability to work with others	1	2	3	4	5
Self-awareness	1	2	3	4	5
Communication skills	1	2	3	4	5
Ability to give and receive feedback	1	2	3	4	5
Ability to empower and motivate others	1	2	3	4	5

Please respond to the following questions in order to give us additional insight on the applicant. If you would prefer, you may use an additional sheet of paper to record your answers.

1. What are the applicant's strengths and weaknesses?



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2. How does the applicant demonstrate leadership potential?

3. How would the MLW community be enriched by the applicant's participation?

4. Other comments:

Signature

Date

Please return this form directly to:
Maryland Leadership Workshops, Inc.
P.O. Box 83846
Gaithersburg, MD 20883
Fax (301) 670-1407

For more information about our programs, visit www.mlw.org.



Summer Program Registration Payment Form

Delegate Name: _____ Program ALS SHW MSEL

Please indicate the amount of tuition being paid:

\$625 – 2012 ALS Tuition

Complete application must be received by June 15, 2012; otherwise a late fee may apply and space may no longer be available

I am being sponsored by my school, county or other organization

Name of organization: _____ Contact: _____
Amount of sponsorship: _____

If a balance is due, please indicate the amount of your payment _____.

I have applied to MLW for a scholarship/financial assistance and my application form is attached.

Enclosed is a check made to Maryland Leadership Workshops, Inc.

Check number _____ Date _____ Amount _____

I wish to pay by credit card (please complete information below)

Visa Mastercard American Express Discover

Amount to be charged: \$ _____

Credit Card Holder's Name: _____

Credit Card Number: _____

Expiration Date: ___/___ Security Code on Back of Card: _____ Billing Zip code: _____

Please call me at _____ (phone number) to charge my credit card.

Round Up and Donate to MLW

In order to keep the costs of MLW programs low, we rely on the generosity in part of private donors. Our current tuition only represents a portion of the costs of running each summer program. MLW supplements the balance through donations, sponsorship, and other funding sources. With this in mind we ask you to consider making a contribution to ensure tuition stays at its current below market value rate.

_____ I wish to make a **tax-deductible donation** of \$ _____ (enter amount)
to Maryland Leadership Workshops, Inc.

Please select from the following payment methods:

_____ Enclosed a check made payable to Maryland Leadership Workshops, Inc.

_____ I'd like to pay by credit card using the above card information

_____ Please call me to discuss other donation options.