

VALLEY GUARDIANS EXECUTIVE LEADERSHIP PROGRAM APPLICATION

Section 1: Program Overview

Description of Program

The Valley Guardians Executive Leadership Program is a success coaching program designed for students with financial needs. It was created by the Valley Guardians, a group of Phoenix Valley philanthropists, committed to supporting underserved populations. The Valley Guardians support programs like this by collecting donations from business leaders in the Valley.

This program is a multi-year coaching opportunity to help students become happier, more successful, and plan for their futures. Students will receive scholarship funding up to \$5,000 per year for 4 years! The scholarship covers success coaching, academic assistance, technology, and any other financial needs that occur. We are looking for the top students who are motivated to improve themselves, have a thirst for knowledge, and want to develop a vision for their life.

What is included in this application?

This application includes five major sections:

- Section 1: Program Overview (page 1)
- Section 2: Guardian and Child Applicant Information (page 2)
- Section 3: Child Applicant Survey (page 3)
- Section 4: Household and Financial Information (page 4)
- Section 5: Breakout of Monthly Expenses (page 5)

Program Benefits

- One-on-One Student Coaching
- Parent Mentoring Support
- Activities (Workshops, Company Visits, Weekend Getaways, Social Events, Community Service, and Formal Ceremonies)
- Internships
- Personal Development and Goal Setting Life Skills (Finding a Job, Basic Computer / Software Skills)
- Post-High School Preparation (Application for Financial Aid, getting Accepted into College/Trade School)
- Financial Assistance (on a case by case basis for students in need of supplies that directly help them to become successful)

How Will the Applicants be Selected?

Program acceptance and requirements are based on four major criteria:

- Criteria 1, Financial Need: Financial guidelines used to determine need are based on household size and monthly household revenue (see Table 1). Please note that being outside of these guidelines does not necessarily disqualify you from acceptance.
- Criteria 2, Extenuating Circumstances.
- Criteria 3, Academic Excellence: GPA, Accomplishments and Desire.
- Criteria 4, Parent & Student Participation (See Table 2).

| Household Size | Monthly Household Revenue |
|---|---------------------------|
| 1 | \$1,926 |
| 2 | \$2,607 |
| 3 | \$3,289 |
| 4 | \$3,970 |
| 5 | \$4,652 |
| +\$681 for each additional household member | |

Table 1: Financial Requirements

| Parent | Child |
|---|---|
| <ul style="list-style-type: none"> • Opening and Closing Ceremony • Survey assessments • Parent Meetings | <ul style="list-style-type: none"> • Opening and Closing Ceremony • Survey assessments • A minimum of one event per month • Regular coaching calls / Getaway • Documentation of Progress/Results • Conduct 1 Internship |

Table 2: Participation Requirements

What is this application process?

- Applications will be accepted starting 4/20/2020.
- Once the application is completed, please submit to Team@LeadAZ.org and a representative will contact you within 48 hours to schedule a separate virtual/phone interview with the child applicant and parent.
- Each interview is expected to be around 20 minutes.
- As part of the selection process, we may need documentation of proof for provided information such as your school transcript, letter of recommendation and/or financial information.
- Initial program acceptance notices will be announced from now until 7/1/2020.
- If accepted, the student applicant and parent will be required to attend an Opening Ceremony at Arizona State University on 8/15/2020. The Opening Ceremony is an exciting introductory event, where the student applicant can meet one on one with the program's leadership team, learn in detail what is required, learn about fun and exciting activities, and more.

Application Instructions: Please fill out all the information and send to Team@LeadAZ.org. More information can be found at www.leadaz.org. For any questions regarding the application process please email Team@LeadAZ.org.

Section 2: Guardian and Child Applicant Information (Must be filled out by a parent/guardian)

Guardian Information

| | | | |
|---|--|---------|--------|
| First and Last Name: | | | |
| Email: | | Phone: | |
| Address (address, city, state, zip code): | | | |
| Relation to Child Applicant: | | | |
| Do you have reliable transportation to take the child applicant to program events in the Phoenix Valley? | | Yes ___ | No ___ |
| Have you and the child applicant read and agree to meet the program's requirements of full participation by both guardian and child applicant (see page 1)? | | Yes ___ | No ___ |
| Please explain any limitations in transportation: | | | |
| | | | |

Child applicant information (Must be filled out by a parent/guardian)

| | | | |
|--|--------|---------|--------------|
| First and Last Name: | | | |
| Email: | | Phone: | |
| Age: | Grade: | School: | Current GPA: |
| | | | |
| Please give a short description to help us better get to know the child applicant (strengths/limitations, what they love, difference / impact your hoping to see). | | | |
| | | | |

Please let us know of any past or current difficulties regarding the child applicant, which can better help us understand the child applicant (foster care, adoption, divorce, medical issues, trauma, disorders, family issues, etc.).

| |
|--|
| |
|--|

Section 3: Child Applicant Survey

Please have the child applicant complete this section

| Please rate the following questions on a scale from 1 to 10 | Score |
|--|-------|
| Excitement to participate in the leadership program (1 Not Excited, 10 Very Excited) | |
| Comfortability talking about my life with a coach (1 Uncomfortable, 10 Comfortable) | |
| Happiness (1 Not Happy, 10 Very Happy) | |
| Stress Level (1 Not Stressed, 10 Very Stressed) | |
| Relationship with parents (1 Poor Relationship, 10 Great Relationship) | |
| Confidence (1 Not Confident, 10 Very Confident) | |
| Social Life (1 No Social Life, 10 Active Social Life) | |
| Academic performance (1 Poor, 10 Outstanding) | |
| Accountability (1 Not Accountable, 10 Very Accountable) | |

| Please mark the following questions that best fits you: | Daily | Weekly | Monthly | Rarely |
|---|-------|--------|---------|--------|
| How often do you talk to your parents/guardians? | | | | |
| How often do you help around the house? | | | | |
| How often do you have to be reminded to complete homework assignments and chores? | | | | |
| On average, how often are you stressed/overwhelmed? | | | | |
| How often do you seek help from teachers? | | | | |

Please give a short description to help us better get to know you (strengths/limitations, difficulties, unique conditions, what you love, and hoping to get out of the program).

Section 4: Household and Financial Information (Must be filled out by parent/guardian)

Be aware that before acceptance, documentation and a home visit may be requested to verify information provided.

Household size (# of people living in household). Please list all household members below:

| # | Name | Age | Relation to Child Applicant |
|---|------|-----|-----------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |

Please list any household members who are currently employed or receive income:

| Household member Name: | Employer Company and Contact Name: | Employer Phone: | Member Position: | Monthly Income: |
|------------------------|------------------------------------|-----------------|------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please mark the answer that best fits your current housing situation:

Apartment ___ House Renter ___ House owner (mortgage) ___ House owner (paid off) ___

Other, Please Explain: _____

Total household monthly income:

\$

Are you receiving government nutrition assistance (SNAP)?

Yes ___

No ___

Are you receiving government healthcare assistance? (AHCCCS)

Yes ___

No ___

List other sources of financial assistance or income you are receiving (unemployment, alimony, social security, etc.):

| |
|--|
| |
|--|

Section 5: Breakout of Monthly Expenses (Must be filled out by parent/guardian)

If your household monthly revenue exceeds the standard scholarship brackets (listed on page 1) you must complete this section. If your household monthly revenue is within the standard scholarship brackets you can skip this section.

Please give your estimated monthly expenses:

| | |
|--|----|
| Housing (rent, mortgage, taxes, insurance, etc.) | \$ |
| Utility (gas, electric, water, etc.) | \$ |
| Telephone and internet | \$ |
| Medical (insurance, medication, visits, etc.) | \$ |
| Transportation (car mortgage, bus fare, gas, etc.) | \$ |
| What are your monthly essential personal costs (food, clothes, supplies) | \$ |

Please list any other major monthly expenses

| | |
|-------|----|
| Item: | \$ |
| Item: | \$ |
| Item: | \$ |
| Item: | \$ |

Please provide any other information that can help us understand your financial need for the given scholarship.

FINAL SIGNATURE

I swear under penalty of perjury that the statements and documents provided about myself and persons in my home including information about school GPA, household financial information and the child applicant information are true and correct to the best of my knowledge, and that I have not withheld information.

I, the undersigned parent, guardian, or legal representative, indicate that I have read this document and provide my consent for the application into the Valley Guardians Executive Leadership Program for the aforementioned child and I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release, and all household and financial information is accurate and can be verified.

Print Parent/Guardian/Representative Parent/Guardian/Representative Signature Date

Child Applicant Child Applicant Signature Date