

# VALLEY GUARDIANS' EXECUTIVE LEADERSHIP PROGRAM APPLICATION

## 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 opportunity to help students become happier, more successful, and plan for their futures. 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.

### Program Benefits

- One-on-One Student Coaching
- Parent Mentoring Support
- Activities (Workshops, 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: Foster care, Adoption, Single-Parent Home, Medical Issues, Emotional Trauma, etc.
- Criteria 3, Academic Excellence: GPA, accomplishments, desire.
- Criteria 4, Parent & Student Participation (See Table 2).

Household Size	Monthly Household Revenue
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"> <li>• Opening and Closing Ceremony</li> <li>• Survey assessments</li> <li>• Parent Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Opening and Closing Ceremony</li> <li>• Survey assessments</li> <li>• Regular coaching calls / Getaway</li> <li>• Documentation of Progress/Results</li> <li>• Conduct 1 Internship</li> <li>• Designated workshops</li> </ul>

Table 2: Participation Requirements

### What is this application process?

- Applications will be accepted year around.
- Once the application is completed, please submit to [Team@LeadAZ.org](mailto: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.

**Application Instructions:** Please fill out all the information and send to [Team@LeadAZ.org](mailto:Team@LeadAZ.org). More information can be found at [www.LeadAZ.org/VG](http://www.LeadAZ.org/VG). For any questions regarding the application process please email [Team@LeadAZ.org](mailto:Team@LeadAZ.org).

**Section 1: 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:			

**Child applicant information**

First and Last Name:			
Email:		Phone:	
Age:		Grade:	
School:			Current GPA:
Excitement to participate in the leadership program (not excited, neutral or excited)			
Please give a short description to help us better get to know the child applicant and any difficulties they have experienced (foster care, adoption, divorce, medical issues, trauma, disorders, family issues, etc.).			

**Section 3: Household and Financial Information (Must be filled out by parent/guardian)**

Total household monthly income:	\$	
Are you receiving government nutrition assistance (SNAP) or free/reduced lunch?	Yes ____	No ____
Are you receiving government healthcare assistance? (AHCCCS)	Yes ____	No ____
Are you in any other programs or services for individuals in financial need? If yes, please list the programs below.	Yes ____	No ____

**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