

2019 Participant Application



Applicant Information Student (Jr. Classification Only) Business Leader

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Co-Participant Student or Business Leader	
TMCN Delegate Name/City	

Leadership Potential

Describe the special skills and qualifications you have acquired through school, employment, volunteer work, hobbies or sports (attach additional page if needed)

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

Agreement and Signature

By submitting this nomination, I understand that I am available to travel to and participate in two sessions – February 20, 2019 and April 17, 2019. *Scholarship Note: Only 1 Team per Community – No More than 4 per Team*

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this nomination form and for your interest in the Leadership TMCN Program!