



**Application for 2025 OH YLA Youth in Government  
Associate Justice**

**Submit no later than May 12th**

Applicant's Name: \_\_\_\_\_ Delegation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
Previous Youth in Government Experience (list years and position): \_\_\_\_\_

Explain how your leadership style, experience, commitment, time, and ideas for and about Youth in Government qualify you for this position. Attach an additional sheet with your answers as needed.

*If appointed an Associate Justice by the Chief Justice, I will carry out my responsibilities as outlined above.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I support this application and understand the responsibilities expected of a Cabinet member.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return application to Youth in Government, Horseshoe Leadership Center,  
3309 Horseshoe Run Road, Parsons, WV 26287 Phone (304) 478-2481



# Application for 2025 OH YLA Youth in Government Associate Justice

Submit no later than May 12th or sooner for immediate consideration

Please Type or Print

Delegation Name \_\_\_\_\_ School \_\_\_\_\_

Your Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Grad Yr \_\_\_\_\_

My previous Youth in Government Participation (years and position) include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I am qualified to be a Committee Chair/Vice Chair because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will help the Committee be a successful experience to all members and those who appear before the Committee by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If selected I will make every effort to participate in the June Leadership Summit at Horseshoe and the Fall Conference. I will participate in the bill rating/training in Columbus in February.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

On other side, this application, the Delegation explains why they do or do not support this application for Committee leadership. The explanation is to be signed by your Advisor.

**Return application to Youth in Government, Youth Leadership Association, 3309 Horseshoe Run Road,**

**Parsons, WV 26287 Phone (304) 478-2481**