



**Application for 2025 Ohio YLA Youth in Government
Governor's Cabinet**

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 to the Cabinet by the Youth Governor, 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