

Application for 2026 OH YLA Youth in Government Associate Justice Submit no later than May 12th

| Applicant's Name: | | Delegation: | |
|-------------------|---------------------------------|--|-----------------------------|
| | | City: | |
| Zip | Cell Phone | Home Phone | |
| | | Year of Graduation | |
| Previous Yo | uth in Government Experier | nce (list years and position): | |
| | | | |
| Explain how | your leadership style, expe | rience, commitment, time, and ideas | s for and about Youth in |
| Governmen | t qualify you for this position | n. Attach an additional sheet with yo | ur answers as needed. |
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| lf appointed | an Associate Justice by the Ch | ief Justice, I will carry out my responsil | bilities as outlined above. |
| | | | |
| Applicant's S | Signature: | Date | · |
| | | | |
| I support this | s application and understand | the responsibilities expected of a Cabi | net member. |
| | | | |
| Parent's Sigi | nature: | Date | ÷ |

Return application to Youth in Government, 522 Sandhill Road, Point Pleasant, WV 25550 Phone (304) 675-5899

Advisor's Signature: _____ Date: _____