

# 2021 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 in April and July as well as project judging in September. *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!