

The Puerto Rican and Hispanic Day Parade of WNY
Jr. Grand Marshal Leadership Program
Application

Date: _____

Name: _____

Home Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone: _____

Email Address: _____

Parent(s)/Guardian(s) _____

Name(s) _____ Phone Number: _____

Birth Date: _____ Age: _____

Year in School (circle one): 11 12

School Name & Address:

Where [or from whom] did you hear about the Jr. Grand Marshal Leadership Program?

Please answer the following short questions:

a) Briefly, tell us why you want to join this leadership program?

b) How do you want to grow as a leader this year?

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