



Physical Address:
100 East Leake Street
Clinton, MS 39056

Clinton Chamber of Commerce

Mailing Address:
Post Office Box 143
Clinton, MS 39060

STUDENT APPLICATION

DUE: MARCH 13, 2020

Name (Please print clearly): _____ Date: _____
Address: _____ Home Phone: _____ Cell Phone: _____
Birthdate: _____ Age: _____
Email: _____ GPA: _____ Class Rank: _____ out of _____
School: _____ Expected Graduation Date: _____

Father's Name (or Legal Guardian): _____
Address: _____ Phone: _____
Email: _____

Mother's Name (or Legal Guardian): _____
Address: _____ Phone: _____
Email: _____

Current Extracurricular Activities: _____

What are your plans after graduation? _____

Do you plan to attend college? yes / no
If so, what do you plan to study? _____
What are your career goals? _____
Have you applied for CCYL before? yes / no

Please attach a one page, typed essay on why you wish to be selected to participate in this program and what you hope to learn.

PLEASE SUBMIT YOUR APPLICATION IN PERSON, BY MAIL OR BY EMAIL BY THE ABOVE LISTED DEADLINE.