

**Camp Judson
4:12 Student Leadership Academy
Participant Application**

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Facebook Yes No

What activities do you participate in (school, community, church, etc)?

How has your Christian faith grown and developed?

Why do you want to participate in the 4:12 Student Leadership Academy?

Who has agreed to be your mentor in your local church for this program?

Name: _____

Church Position: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

(please attach a letter of recommendation from a pastor, youth leader, or other church leader to this application, this person does not have to be your mentor.)