

Bin
#10

HUGH O'BRIAN YOUTH LEADERSHIP
(HOBY)

FOR

SOPHOMORES

Berea College, Berea

June 02 – June 05, 2022

DATE DUE in Counselors' Office: December 8,
2021

BENEFITS OF ATTENDING SEMINAR:

- **Meet and interact with regional, national, and international renowned leaders**
- **Learn to think critically**
- **Enhance your leadership skills**
- **HOBY experience can be listed on your college and scholarship applications**

COST: \$300 for first student that has their information submitted; \$395 for each student after that (Total of 3)

**APPLICATIONS ARE AVAILABLE
IN THE COUNSELORS' OFFICE IN BIN #10**

MORE INFORMATION ONLINE AT:

www.hoby.org

**HUGH O'BRIAN YOUTH
LEADERSHIP (HOBY)
For Sophomores**

**Return your application to the
Counselors' Office**

By:

December 8, 2021

**First student who submits their
application will be responsible for
The \$300.00 fee.**

**Any student thereafter, will have to pay
the \$395.00 fee. (3 Total registrations
allowed)**

**(You will receive information later on how to
submit your payment.)**



**STATE
LEADERSHIP
SEMINARS**

WHEN*: 2 - 4 days in April - June
FORMAT*: Varies by location
COST*: \$225 - \$450



* Seminar dates/locations/cost can be found on our website at the start of 2022.

CONGRATULATIONS! You've been selected to represent your school as the primary, additional or alternate student at the next HOBY State Leadership Seminar.

Primary Student Additional Student Alternate Student

Full Name: _____

Preferred first name for name tag: _____

Address: _____

City, State, Zip: _____

Phone (H): _____ Phone (C): _____ Date of Birth: ____/____/____

Email: _____

T-shirt size: S M L XL XXL XXXL

Ethnicity: African American Asian Caucasian Latino Middle Eastern Multiracial Pacific Islander
 Native American Other Prefer not to disclose

I understand I must be able to attend the seminar for the entire weekend, including overnight if the seminar is in-person.

School: _____ Is your School title? Yes No

Address: _____

Parent/Guardian 1: _____ Mother Father Guardian

Phone (H): _____ Phone (W): _____ Phone (C): _____

Email: _____

Job Title / Employer: _____

Parent/Guardian 2: _____ Mother Father Guardian

Phone (H): _____ Phone (W): _____ Phone (C): _____

Email: _____

Job Title / Employer: _____

I would like to opt out of receiving outstanding offers from HOBY-approved scholarships, affiliates, partners, and companies.

I as the Guardian/Parent give permission to disclose the above information to HOBY.

Registration fee is not refundable.