Who can apply?
Applicants must meet these requirements:
• An Arizona resident in Maricopa County.
• A member of the student council at their school.
• In grades 10 through 12.
• Passionate about helping kids with life-threatening medical conditions.
• Able to attend monthly meetings in Scottsdale.

What are the requirements?
Members are required to:
• Commit to a one-year term on the council, August to June.
• Commit to planned activities within that year term.
• Commit to planning one fundraiser at their school during their term.
• Complete an interview in late June.
• Attend an orientation in late July.
• Attend monthly meetings during the term.
• Have a committed adult advisor (teacher, or student council advisor) willing to help during the term and attend at least one meeting a year.

Why join?
As a member, you will have the opportunity to:
• Make a difference in the lives of children with life-threatening medical conditions who have been approved for a wish through Make-A-Wish Arizona.
• Have fun learning new skills including customer service, public speaking, personal finances, and marketing.
• Develop strong relationships with Make-A-Wish Arizona staff, business professionals and other youth who are passionate about volunteering and philanthropy.
• Earn volunteer hours.
• Receive a certificate of completion.

Make-A-Wish® Arizona now offers a Youth Leadership Council, a leadership and development opportunity available to youth in Maricopa County. Members selected for the Youth Leadership Council will learn about philanthropy by volunteering with Make-A-Wish Arizona, the local chapter of the international wish granting organization.

Our goal with the Youth Leadership Council is to encourage youth to give back to children with life-threatening medical conditions right in their community while making new friends and having fun.

Make-A-Wish® Arizona grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.
Name: __________________________________________

School: _______________________________________

Clubs/Organizations involved in (must be a student council member): __________________________________

____________________________________________________________________________________

Grade (17-18 school year): __________ Age: ________________ Birthday: ________________

Address: __________________________________________

City: __________________________ State: __________________ Zip Code: __________

Phone Number: __________________________

Email Address: ______________________________________

Relationship to Make-A-Wish: __________________________

Name of Teacher/Advisor willing to be involved: __________________________

Teacher/Advisor Phone #: __________________________ Email: __________________________

Have you helped plan a Wish Week at your school before? __________________________

If I could wish for anything, I would…

Wish to go: ______________________________________

Wish to be: ______________________________________

Wish to meet: ______________________________________

Wish to have: ______________________________________

Why do you want to be a part of the committee and how will you help the committee grant more wishes by raising funds and awareness at your school? (Please attach your answer with a minimum of 2 paragraphs)

Student Signature: __________________________ Date____________________

Parent/Guardian Signature: __________________________ Date____________________