

**South Carolina National Guard
State Teen Panel
Application Check List**

Please be sure to review and complete each section of this application packet. Use the checklist below as a guide.

Section 1: Applicant Information complete

Section 2: Parent or Legal Guardian Information complete

Section 3: School Information complete

Section 4: State Teen Panel Commitment complete

Section 5: Applicant Essay complete

Section 6: Letter of Recommendation complete

Section 7: Signature Page complete

Please submit completed application packet to kathleen.h.dacamara@us.army.mil or fax to 803-299-2340 or mail to:

South Carolina National Guard
Kathleen H. DaCamara
1 National Rd STP #34
Columbia, SC 29201
Office: 803.299.4025
Fax: 803.299.2340



**South Carolina National Guard
Youth Program
State Teen Panel**

Please enter all responses via computer. Complete all sections of the application. This is a word document using a protected format. Click directly in the grey-shaded area to begin typing.
Incomplete application will not be considered.

Section 1: Applicant Information

Full Name:		Social Security Number:	
Address:	City:	State:	Zip:
Home Phone (with area code):		Cell Phone (with area code):	
Email Address:		Gender: Male Female	
Command/Unit:	Age:	Date of Birth (mm/dd/yy):	
T-Shirt Size (adult sizes): Small Medium Large X-Large XX Large			

Section 2: Parent or Legal Guardian Information

Name of Father:	Email:
Work Phone:	Cell Phone:
Name of Mother:	Email:
Work Phone:	Cell Phone:

Section 3: School Information

Grade in School Fall 2013:	Name of School:	
Address of School:	State:	Zip:
School Phone Number:	GPA:	
Name of Principal:		

Section 4: State Teen Panel Commitment

Using the space provided below, answer the following questions regarding your ability to commit to the Teen Panel and in representing the South Carolina National Guard.

1. In what SC National Guard programs and/or community activities have you volunteered and/or provided leadership?

2. What activities are you involved in at school that could possibly conflict with your commitment to the Teen Council?

3. How will your parents support you as a Teen Panel Member?

Section 5: Applicant Essay

Enter your response to the below essay questions on a separate document and submit via email with the remainder of the application.

In a 1000 words or less, answer the following questions:

- Describe your involvement and/or volunteerism in the South Carolina National Guard programs (e.g. Youth Program, Family Programs, Unit events).
- Describe your military related, school or community leadership experiences and how these experiences and your leadership skills will serve to strengthen the State Teen Panel.
- Reflecting on your volunteer experience and/or extracurricular experience, what do you believe should be the role of teens in the military and/or civilian community?
- If you were to meet the South Carolina National Guard Leadership, what would you tell them about your life as a SC Guard Teen?
- If you could do three things to improve life for the National Guard Teens in South Carolina, what would they be?

Section 6: Letter of Recommendation

Each applicant should submit a Letter of Recommendation from at least one adult leader such as a principal, teacher, 4-H Agent, military leadership, etc. The adult leader cannot be a Family member of the applicant, nor the State Youth coordinator. The letter must include the following:

- The applicant's strengths and experiences with any South Carolina National Guard programs or community events that would qualify him/her to be an State Teen Panel member.
- Why the applicant will be an asset to the State Teen Panel and able to fulfill their State Teen Panel responsibilities.

Section 7: Signature Page

All signatures are required prior to submission of application. Once the applicant and parent signs the Signature Page, please email or fax application, essay, and letter of recommendation to kathleen.h.dacamara@us.army.mil or mail to:

South Carolina National Guard
ATTN: Kathleen DaCamara
1 National Guard Rd STP# 34
Columbia, SC 29203
Office: 803.299.4025 Fax: 804.299.2340

Youth Agreement

I, _____ have prepared this application and certify that it accurately reflects my work and I understand the requirements for membership in the SCNG State Teen Panel. I am prepared to accept responsibility of active membership and obligations required to fulfill the duties of my role.

Signature of Applicant: _____ Date: _____

Note: Unless otherwise directed transportation to and from events will be the responsibility of the delegate or guardian.

Parent's Agreement

I fully support my teen's application to the South Carolina National Guard State Teen Panel, and if selected, understand the commitment and responsibilities my teen is expected to fulfill. I am prepared to support my child in this venture and will make every effort to assist them in attending meetings and actively participate in events sponsored by the SCNG State Teen Panel.

I give my permission for the following information for my youth to be shared with fellow Teen Panel members. (Place a check mark for yes.)

Name	Address	Phone#	Email
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I give my permission for the SCNG to photograph and use photos of my child for publications and media promotions

_____ Yes _____ No

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Print Name: _____