



AYLUS

The Alliance of Youth Leaders in the United States

Leadership
Integrity
Innovation

AYLUS SCHOLAR Application Form

Last Name	
First Name	
Date of Birth	
Male/Female	
Grade	
High School	
Home Address	
City, State, Zip Code	
Email	
Phone	
Branch Name	
Branch Position	
PVSA (Past 2+ Years & Levels)	

Declaration:

- ☐ I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application.
- ☐ I understand that a background check may be conducted. I authorized investigations of all statements contained in the application.
- ☐ I agree to observe all guidelines and policies of AYLUS.

Signature of applicant: _____ Date: _____

Branch Adviser (Print): _____ Signature _____ Date _____

Please email this application to: aylfus@gmail.com