



BSA's youth leadership development program is a FUN, intensive 2 weekend course that is a challenging and rewarding hands-on experience.

It provides Scouts with tools and experiences that can help them become great leaders through classroom instruction and outdoor activities.

The concepts of NYLT are:

- What a leader must BE,
- What a leader must KNOW,
- and What a leader must DO.

Some of the many skills learned are:

- Communication,
- Problem Solving,
- Team Development,
- Working with Adult Leaders,
- and Ethical Decision-Making.

Graduates of NYLT often become leaders in their Home Unit as well as leaders in their schools, churches, and communities.



The course is staffed by graduates of NYLT. Adult Advisors assisting the Youth Staff are Wood Badge trained and active BSA members.

This course is for Scouts who want to become great leaders. They can be from Venture Crew, Sea Scouts, or Scouts BSA (at least First Class and 13 years of age).

Potential participants must be approved by their Scoutmaster, Venturing Advisor, or Skipper.

**PARTICIPANTS MUST ATTEND BOTH WEEKENDS** to receive NYLT recognition.

Course fee is \$200 if registered and total balance is received by February 21, 2024, \$225 between February 22 and March 26, and \$250 after March 26. Please consider assisting your scouts with available Unit Committee training scholarships.

For more information including possible partial scholarship, contact Course Director Eric Chaney:  
[echaney@illinois.edu](mailto:echaney@illinois.edu)

## NATIONAL YOUTH LEADERSHIP TRAINING



**Prairielands Council**

**At Camp Robert Drake**



**Participant Application for National Youth Leadership Training** Course Fee is \$200 if registered and total balance is received by February 21, 2024; \$225 between February 22 and March 26; and \$250 after March 26. (Please consider assisting your scouts with available Unit Committee training scholarships.) Payable to NYLT, Prairielands Council, 3301 Farber Drive, Box 6267, Champaign, IL 61826. 217/531-3010 or 800/464-7291 or [www.prairielandsbsa.org](http://www.prairielandsbsa.org)



### PARTICIPANT INFORMATION (Please Print Clearly)

First Name: \_\_\_\_\_ M I: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Birth Date: (must be 13 by course) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Participants Phone: \_\_\_\_\_  
Participants Email: \_\_\_\_\_  
Troop # \_\_\_\_\_ or Crew # \_\_\_\_\_ or Ship # \_\_\_\_\_  
District: \_\_\_\_\_ Council: \_\_\_\_\_  
Current Leadership Position: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Current Rank: \_\_\_\_\_  
Adult T-shirt size (mens cut): XXL \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S \_\_\_\_\_

### CERTIFICATION & APPROVAL SIGNED BY SCOUTMASTER OR CREW ADVISOR OR SKIPPER

Leader: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Troop # \_\_\_\_\_ or Crew # \_\_\_\_\_ or Ship # \_\_\_\_\_  
District: \_\_\_\_\_ Council: \_\_\_\_\_  
"I recommend the acceptance of this Scout as a representative of our Unit in the NYLT course. I certify that they meet the age and rank requirements. I further certify that they are serving as, have served as, or have the potential to be our Troop SPL/Crew President or Boatswain. I will do all that I can to help them accomplish their personal leadership goals and to apply leadership skills in our Unit."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Please contact me to discuss this Scout in more detail.

### PARENTAL/GUARDIAN AUTHORIZATION

My Scout (name) \_\_\_\_\_ has my permission to participate in Prairielands Council National Youth Leadership Training. I have read, understood, and agree to the program requirements. I understand that during this program my Scout will be expected to follow the Scout Oath and Law, participate in the entire program, follow program rules, and that serious violations will result in dismissal from the program. I understand that my Scout must provide a current and complete BSA Annual Health and Medical Record (Parts A, B, and C) to participate. My Scout will need the following accommodations for Medical, Physical, Dietary or Religious reasons: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Night-time Phone #: \_\_\_\_\_  
Parent's Email: \_\_\_\_\_ Date: \_\_\_\_\_