



Emerging Leaders:

A Collaborative Investment in the Future

University of Richmond Jepson School of Leadership Studies
Hanover County Public Schools

1. STUDENT INFORMATION *(Type or Print)*

email address: _____

Name of Applicant: _____
Last First Middle Nickname (if any)

Social Security Number _____ Home Telephone Number: () _____

Home Address: _____
Street City State Zip Code

School: _____ Grade: _____

Check one: Male _____ Female _____ Date of Birth: _____
M D YR

Optional: How would you describe yourself? (Please check one)

- _____ American Indian or Alaskan Native _____ Hispanic (including Puerto Rican)
- _____ Asian or Pacific Islander (including Indian subcontinent) _____ White, Anglo, Caucasian American (non-Hispanic)
- _____ Black (non-Hispanic) _____ Hawaii Native
- _____ Other (Specify)

THE DECISION TO APPLY FOR THE EMERGING LEADERS PROGRAM IS MY OWN, AND I WANT TO PARTICIPATE FULLY IN THE PROGRAM. IF SELECTED, I WILL ABIDE BY THE REGULATIONS EXPLAINED IN THE PROGRAM DESCRIPTION. THE RESPONSES CONTAINED IN THIS APPLICATION ARE MY OWN WORK.

DATE

SIGNATURE OF CANDIDATE

Return completed application by **Friday, March 30, 2007** to: _____

Summer session at the University of Richmond is **mandatory**. _____
July 30, 2007 – August 3, 2007 (Monday – Friday) _____
Emerging Leaders will be scheduled for B4 block. _____
There is a \$175.00 fee for this program.

Parent or Guardian Section of Form

Applicants Full Name: _____

To Be Completed By the Parent or Guardian

With whom does the student reside? ___ Parent(s) _____ Guardian

1. Parent's/Guardian's Name: _____ Occupation: _____

Employer: _____

Home Address: _____

Work Telephone Number: (_____) _____ Home Number:(_____) _____

2. Alternate Name for Emergency Contact: _____

Relationship: _____

Home Address: _____

Work Telephone Number: (_____) _____ Home Number:(_____) _____

3. Family's or Student's Health Insurance Company: _____

Policy #: _____ Address of Insurance Company: _____

I, the parent/guardian of _____, permit him or her to be selected to participate in the Emerging Leadership Program. I understand that if he or she is selected to participate in the program that tuition and transportation to and from the School must be provided by the participants. I understand that failure to participate in the academic programs, or infraction of the rules and regulations, will be just cause for immediate dismissal of any participant who commits such an infraction. I grant permission for a transcript of my son's or daughter's secondary school record to be sent to the selection committee. If _____ is selected, I give permission for him/her to participate in all officially recognized Emerging Leaders Program activities.

DATE

SIGNATURE OF PARENT OR GUARDIAN

The Hanover County School Board does not unlawfully discriminate on the basis of age, sex, race, color, religion, disability or national origin in its employment practices or educational programs and activities. The Director of Special Education is designated as coordinator for non-discrimination for access to and implementation of programs under Section 504 and the Americans with Disabilities Act. The Assistant Superintendent of Human Resources is designated as coordinator for non-discrimination regarding personnel matters under Section 504 and the Americans with Disabilities Act.

Applicants Full Name: _____

Student Section – (Extracurricular, Personal Activities, Interest and Essay)

In this section, please indicate how you spend your after school and summer times. **List the four most significant** extracurricular activities, community and work experiences, family responsibilities, activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments and leadership experiences. **In the space provided, describe your involvement.**

Activity/Work	Grade Level(s)	Positions Held, Honors Won, or Letters Earned
	----- 9 10 11	
1. _____		
<u>Involvement:</u> _____		
2. _____		
<u>Involvement:</u> _____		
3. _____		
<u>Involvement:</u> _____		
4. _____		
<u>Involvement:</u> _____		

Student Selection – (Academic Honors)

In this section, please list the four most significant academic honors and leadership recognitions you have received.

<u>Honors/Recognition</u>	<u>Year</u>
1. _____	
2. _____	
3. _____	
4. _____	

IV. ESSAY QUESTION:

Please respond in writing to the following question. **Your Essay should be typed, double-spaced and no more than 250 words.** Attach the essay sheets to the application form.

What has been the most significant leadership experience you have had?

What would you like to gain out of a leadership program?

EMERGING LEADERS PROGRAM

RECOMMENDATION FORM A

NAME: _____

TO THE STUDENT: Please give this form to a person familiar with your capabilities and potential as a student of leadership studies. One recommendation must be from a teacher.

TO THE RECOMMENDER: The above named student is applying for admission to the Emerging Leaders Program. The purpose of Emerging Leaders is to educate students for and about leadership. Return directly and confidentially to Ms. Munchel - Lee-Davis; Mrs. Reid – Atlee; Ms. Barnhart – Patrick Henry; and Mr. Dack Axselle – Hanover, or Emerging Leaders teacher.

Name/Business Address/Phone number of recommender:

Length of time of relationship with applicant: _____

In what capacity do you know the applicant? _____

Please rate the applicant on the following dimensions:	Exceptional	Above Average	Average	Not Able To Determine
1. Academic ability.	_____	_____	_____	_____
2. Potential to assume leadership role.	_____	_____	_____	_____
3. Written communication skills.	_____	_____	_____	_____
4. Oral communication skills.	_____	_____	_____	_____
5. Openness to ideas and ways of thinking.	_____	_____	_____	_____
6. Ability to integrate different ideas and experiences.	_____	_____	_____	_____
7. Ability to relate to others.	_____	_____	_____	_____
8. Self-confidence.	_____	_____	_____	_____
9. Commitment to ethical standards.	_____	_____	_____	_____

Please use space below and additional sheets, if necessary, to justify or elaborate on your responses.

Signature of Recommender

Date

EMERGING LEADERS PROGRAM

RECOMMENDATION FORM B

NAME: _____

TO THE STUDENT: Please give this form to a person familiar with your capabilities and potential as a student of leadership studies. One recommendation must be from a teacher.

TO THE RECOMMENDER: The above named student is applying for admission to the Emerging Leaders Program. The purpose of Emerging Leaders is to educate students for and about leadership. Return directly and confidentially to Ms. Munchel - Lee-Davis; Mrs. Reid – Atlee; Ms. Barnhart – Patrick Henry; and Mr. Dack Axselle – Hanover, or Emerging Leaders teacher.

Name/Business Address/Phone number of recommender:

Length of time of relationship with applicant: _____

In what capacity do you know the applicant? _____

Please rate the applicant on the following dimensions:	Exceptional	Above Average	Average	Not Able To Determine
10. Academic ability.	_____	_____	_____	_____
11. Potential to assume leadership role.	_____	_____	_____	_____
12. Written communication skills.	_____	_____	_____	_____
13. Oral communication skills.	_____	_____	_____	_____
14. Openness to ideas and ways of thinking.	_____	_____	_____	_____
15. Ability to integrate different ideas and experiences.	_____	_____	_____	_____
16. Ability to relate to others.	_____	_____	_____	_____
17. Self-confidence.	_____	_____	_____	_____
18. Commitment to ethical standards.	_____	_____	_____	_____

Please use space below and additional sheets, if necessary, to justify or elaborate on your responses.

Signature of Recommender

Date

Principal Section

I certify that _____ is qualified and genuinely interested in participating in The Emerging Leaders Program. I hereby recommend this applicant.

DATE

SIGNATURE OF PRINCIPAL

NAME OF SCHOOL

Division Selection Committee

List the names and positions of the Selection Committee Members.

_____	_____
_____	_____
_____	_____
_____	_____