

FBISD Junior Student Leadership Program Application for 2015-2016

The Board of Trustees wishes to invite FBISD 10th grade students who are interested in leadership development during their junior/senior year to apply for participation in the 2015-2016 Junior Student Leadership Program. Through a series of seven monthly seminars, selected participants will explore their personal roles in community and school leadership and volunteer service. School Board members will sponsor and attend the student seminars on topics such as personal leadership skills, youth advocacy, service and volunteerism, local government in action, business, and health care.

This program is limited to upcoming 11th grade students who must apply to represent their high schools. The 2015-16 cohort will consist of 33 students with representation from all high schools in the district. Applicants should be in good academic, attendance, and behavioral standing; have an interest in developing their personal leadership skills; have obtained written permission from their parents and school principal; and be willing to accept the attendance expectations before submitting an application.

If selected, participants will commit to a **two-year** program. In Year One as juniors, students will observe leadership in action, learn leadership skills from community and school leaders, and develop their own leadership skills. In Year Two as seniors, they will apply their leadership skills in support of community volunteerism projects. Interested applicants and their parents should review their schedules and desire to make a two-year commitment prior to submitting an application as participants are required to attend each 2015-16 seminar in its entirety. **There will be no exceptions for scheduling conflicts for the Year One seminars.** Full-day seminars are scheduled for the following Wednesdays during the school year:

- November 4, 2015
- December 9, 2015
- January 13, 2016
- February 17, 2016
- March 9, 2016
- April 6, 2016
- May 4, 2016

All seminars will begin at 7:00 a.m. and end at 2:00 p.m. in the Board Room of the FBISD Administration Building, 16431 Lexington Blvd, Sugar Land, TX 77479. Students who have the written permission of their parent/guardian may drive to the FBISD Administration Building. Students needing district transportation for the program will be contacted by a staff member from the district's Transportation Department prior to the first seminar.

The seminars will be conducted at various sites in Fort Bend County, and district transportation to and from the seminar sites will be provided for all students. Students will be provided with lunch and beverages. On the first day of the seminar, students will participate in team activities at the Clements High School ropes course and should wear comfortable clothing and athletic shoes. For all other days, their dress should be business casual.

Applications are due no later than **4:00 p. m. on Wednesday, May 6, 2015, and must be brought to the Front Desk Receptionist in the FBISD Administration Building, 16431 Lexington Blvd, Sugar Land TX 77479.**

All students will be notified of their application status on or before September 11, 2015.

Additional information regarding the program or the application process may be directed to Mr. Michael Madden, program facilitator, at leadership101@fortbendisd.com.

FBISD Leadership 101 Application for 2015-2016

APPLICATION CHECKLIST

Please initial beside each requirement of this application as it is completed.
The bolded requirements must be provided when you submit your application.

	Discuss the program, mandatory attendance requirements, and two-year commitment expectation with your parent/s or legal guardian prior to submitting your application.
	Type your application in black font. All information must be typed except for signatures.
	Make a copy of your most recent report card. If you do not have a copy, make arrangements to obtain one from your counselor or the attendance office.
	Select a teacher to complete your recommendation. Deliver the form to the teacher along with a letter-sized envelope with your name on it for your completed recommendation. Give you teacher several days to complete your recommendation before you actually need it.
	Have your parent or legal guardian sign your application form in each of the following sections: Attendance, Release, and Consent for Medical Care.
	Using the format given in the directions, answer the application questions on your own without the help of your friends or family.
	Sign your application.
	Attach a copy of your most recent report card.
	Attach your teacher's completed recommendation to your application.
	Attach a picture of yourself taken within the last month that shows only you.
	Attach your personal survey and completed essay.
	FINAL STEP: Have your building principal sign your application verifying that your application is complete and excusing you from your classes on the days of the monthly seminars.

IMPORTANT NOTE:

If your application is incomplete or you omit one of the requirements listed above, you will not be considered for this year's cohort.

Your application must be submitted no later than 4:00 p.m. on Wednesday, May 6, 2015 to:

Front Desk Receptionist/Board of Trustees
FBISD Administration Building
16431 Lexington Blvd
Sugar Land, TX 77479

Questions? Please contact Mr. Michael Madden, Junior Student Leadership Program Facilitator, at leadership101@fortbendisd.com.

APPLICANT INFORMATION

Please complete all sections and obtain all required signatures on the Signature Page prior to submitting your application. **All information on this page must be typed except for signatures.** Specific instructions on how to format your required essay are given on page 3.

Applicant Information (Please complete all requested information in black font except for signatures.)

FIRST NAME:			
MIDDLE NAME:			
LAST NAME:			
FBISD High School		Are you currently a FBISD high school sophomore? <input type="checkbox"/> Yes <input type="checkbox"/> No	
FBISD Student ID #	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Street Address		Apt. #	
City		Zip Code	
E-mail Address			
Home Phone		Cell Phone	

In case of an emergency, please contact:	
Relationship to student	Best phone number to call

Attendance Acknowledgement

Both my child and I understand and agree to the “perfect” attendance requirements for this program and acknowledge that if selected, full-day attendance at every monthly seminar will be expected. Missing a session unless an emergency is involved can result in dismissal from the program.

We also understand that this program is a two-year commitment, and the commitment must be honored.

Applicant’s Signature	Date
Parent/Legal Guardian Signature	Date

PERSONAL SURVEY

*Please answer the questions in the spaces provided.
If you do not have an answer, please type NO ANSWER.*

Do you participate in extra-curricular activities in your school? Yes No

If YES, which ones?

Do you have a leadership role? Yes No

If YES, what is it?

Do you volunteer your time to help others in your community? Yes No

If YES, what do you do?

Do you have a leadership role? Yes No

If YES, what is it?

Do you get involved in activities outside of your school? Yes No

If YES, which ones?

Do you have a leadership role? Yes No

If YES, what is it?

Why do you want to be a part of this program?

What do you think you will be doing ten years from now?

SIGNATURE PAGE

STUDENT NAME: _____

FBISD SCHOOL: _____

HIGH SCHOOL PRINCIPAL'S CONSENT:

I hereby grant my permission for the student named above to participate in the *Fort Bend ISD Junior Student Leadership Program*. If selected, this student will be excused from regular school attendance during seminar days.

Principal's Signature

Date

PARENT'S RELEASE: In granting permission for participation in the *Fort Bend ISD Junior Student Leadership Program*, I hereby release and hold harmless the Fort Bend ISD and Board of Trustees and its employees or agents from and against any injury, loss, damage, accident, or expense arising out of, or in any way related to, participation in the *FBISD Junior Student Leadership Program*. I acknowledge that I have carefully read this release and understand its impact and effect. I acknowledge that if I had any questions regarding this release, that I have exercised my right to have it reviewed and further explained to me prior to my signing.

Parent/Legal Guardian Signature

Date

PARENT'S CONSENT FOR MEDICAL CARE AND DISCLOSURE:

I hereby give permission to the supervisors, instructors, and any other trained medical personnel to treat my child in a situation that requires medical attention. I authorize said supervisors and instructors to seek such medical advice, treatment, and services as they deem necessary, in their sole discretion, which may be necessitated because of any injury or illness suffered because of my child's participation in the activities of the *Fort Bend ISD Junior Student Leadership Program*.

I further agree to accept any financial responsibility for the care and treatment of such injuries or illnesses and for such further medical services which are required, even though all attempts to contact responsible parties have failed and there is urgency with respect to my child's treatment, or in the case in which benefits of my health insurance have been depleted and additional medical expenses or loss of income occur.

I understand that any medication my child may need for severe allergies (including bee stings, food allergies), asthma or other such medical condition(s) must be brought with my child to the program.

I have read the foregoing document in its entirety, fully understand the same, and am freely and voluntarily signing my name to it.

Parent/Legal Guardian Signature

Date

PARENT'S CONSENT FOR PARTICIPATION:

I hereby certify that all information contained in this document is true and accurate to the best of my knowledge.

I hereby give consent for my child to participate in the *Fort Bend ISD Junior Student Leadership Program*.

Parent/Legal Guardian Signature

Date

STUDENT APPLICANT'S CONSENT AND ACKNOWLEDGEMENT:

I hereby give consent to the Board of Trustees and the FORT BEND ISD to access and release all of the above information, including my photograph, as necessary to conduct the program and promotions.

I certify that all information contained in this document is true and accurate to the best of my knowledge.

I hereby acknowledge that this program is a learning experience beyond my classroom requirements, and I will participate and honor the expectations of this program to the best of my ability.

Applicant's Signature

Date

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ESSAY INSTRUCTIONS

ESSAY QUESTION FORMAT

1. Your essay must be limited to 500 words, typed in black ink, 12 font New Times Roman, and **double spaced** using a left justified format. The top, bottom, and side margins of your page should be one inch.
2. As you are limited to 500 words choose your words carefully and be sure to spell check your work. To count your words, you should select the text you want to count. Then using your Tools menu, click on Word Count to determine the number of words in your essay.
3. Your responses should be written and typed by you to reflect your **own** ideas.
4. You are required to follow the typing format when answering your essay question.
5. You should start your response by typing your first and last name followed by the initials of your school. Type the statement or question on the next line. Here is an example of how to prepare your name and the essay question at the top of each of your essay pages: Please use black, no other font colors are acceptable.

Jerry Jacksonville – DHS

#1 What does the term “my community” mean to you and how would you describe the members of your community?

NOTE: Your essay is one of the criteria used to determine whether or not you will be selected for this program, so do your very best.

ESSAY QUESTION

Answer this essay question on a separate sheet of paper using the format described above:

What does the term “my community” mean to you, and how would you describe the members of your community?

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TEACHER REFERENCE

STUDENT TO COMPLETE: (Please print) (Black Ink Only)

Name of Student (First Middle Last)	High School
Name of Teacher (First MI Last)	Teacher's Subject and Grade

TEACHER TO COMPLETE

Please complete all sections below and return this reference form in a sealed envelope to the applicant. *Additional comments are not necessary and will not be taken into consideration in the screening process.*

Thank you for your input and support of this program.

Are you currently this student's teacher? Yes No	Contact Phone
District e-Mail Address	How long have you known this student?

Assign one of the following ratings to each of the statements below as it describes this student applicant. Please total your score at the bottom.

- 5.....I strongly agree with this statement as it describes this exceptional applicant very well.
- 4.....I agree with this statement as it describes this very good applicant.
- 3.....I am neutral with regard to this statement as it describes this applicant.
- 2.....I disagree with this statement as it describes this applicant.
- 1.....I strongly disagree with this statement as it describes this applicant.
- NAI am unable to rate this applicant in this area.

- _____ This student is motivated to learn new information and use what is learned "to make a difference."
- _____ This student gets along well with others and willingly joins in group events and activities.
- _____ This student appears self-confident and is able to make decisions in a leadership role.
- _____ This student is influenced by positive peer pressure and relies on role models for guidance.
- _____ This student exhibits leadership traits and willingness to accept responsibility.
- _____ This student is an effective communicator and works well in groups.
- _____ This student is able to gain the trust of peers and adults.
- _____ This student knows the meaning of "honoring a commitment."
- _____ This student demonstrates respect for the differences and convictions of others.
- _____ This student is perceived by others to have leadership capabilities.
- _____ **Total Score**

<hr/> Teacher's Signature	<hr/> Date
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