

HOSTOS STUDENT LEADERSHIP ACADEMY



Student Orientation Services Team Program

Requirements:

- **Must have a Cumulative GPA of 2.80 or Higher**
- **Must be enrolled for a minimum of six credits**
- **Must be willing to commit to 24 hours of community service per semester**
- **Must be able to attend mandatory training workshops, retreats and monthly leadership forums**
- **Must provide support to Campus Community at Designated Events**
- **Must have no record of university disciplinary incidents**
- **Must have enthusiasm, dependability, maturity, initiative, dedication, ethics, leadership qualities, interpersonal skills and a genuine interest in professional growth and community service.**

Documents Needed:

- **Application**
- **Resume**
- **Two Names of References**

HCC STUDENT LEADERSHIP ACADEMY

Office of Student Leadership Development

450 Grand Concourse, Room C-392, Bronx, New York 10451

(718) 518-6541, StudentLeadershipAcademy@hostos.cuny.edu or jlibfeld@hostos.cuny.edu

2016-2017 SOS Team Application Form

(Please print clearly)

Full Name: _____

CUNYFirst ID#: _____

Address: _____

City _____ State ____ Zip Code _____

Home Phone _____ Mobile _____ Work _____

E-mail: _____

(Please Print)

Parent/Guardian's Name: _____

In case of emergency, please contact: _____

Emergency phone#: _____

Applicant's Classification (circle one): Freshman Sophomore

Birthdate: _____ Country of Origin:(*Optional*) _____

Major: _____ Minor: _____

Cumulative GPA: _____ Expected Date of Graduation: ____/____

I have read and understand the Student Leadership Academy Program description and requirements. Furthermore, I affirm that the information that I have provided in this application is factual. I understand that any false statements provided in this application will automatically disqualify me as a candidate for the Student Leadership Academy Program. Since the Student Leadership Program carries with it privileges and responsibilities, I hereby give permission to the Office of Student Leadership and the Student Leadership Coordinator to access my academic and judicial records with Hostos and CUNY. This information will be used for the sole purpose of determining minimal qualifications for my eligibility to participate in this program.

Signature _____ / _____ Print Name _____ / _____ Date

HCC STUDENT LEADERSHIP ACADEMY

Office of Student Leadership Development

450 Grand Concourse, Room C-392, Bronx, New York 10451

(718) 518-6541, StudentLeadershipAcademy@hostos.cuny.edu or jlibfeld@hostos.cuny.edu

Applicant's Name: _____

(Please print clearly)

- 1) Why would you like to be a member of the Student Leadership Academy?**

- 2) What skills or qualities do you feel that you possess that will contribute to the Student Orientation Services Team Program?**

- 3) Are you a member of any clubs or organizations on the Hostos campus? Do you hold any executive positions?**

- 4) What campus activities have you assisted at or been a part of in your time here at Hostos?**

- 5) What, if any community service activities have you participated in over the past year?**

HCC STUDENT LEADERSHIP ACADEMY

Office of Student Leadership Development

450 Grand Concourse, Room C-392, Bronx, New York 10451

(718) 518-6541, StudentLeadershipAcademy@hostos.cuny.edu or jlibfeld@hostos.cuny.edu

Applicant's Name: _____

(Please print clearly)

Please list the name and phone number of two references from whom you are requesting a recommendation. These should be HCC faculty or staff members.

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

Please have each of your references complete the following Recommendation Forms and return with their Letter of Recommendation.

All forms must be submitted to C-392 or to jlibfeld@hostos.cuny.edu.

HCC STUDENT LEADERSHIP ACADEMY

Office of Student Leadership Development

450 Grand Concourse, Room C-392, Bronx, New York 10451

(718) 518-6541, StudentLeadershipAcademy@hostos.cuny.edu or jlibfeld@hostos.cuny.edu

Recommendation Part 1

Leadership Academy Recommendation Form (To be completed by Applicant’s Reference)

Reference for: _____

(Please print name of SOS Team Program applicant.)

The Hostos Student Orientation Services Team is a select group of students who serve as volunteers for the Hostos, CUNY and the local community. They are committed to doing volunteer work at the college and receiving team building training throughout their time as a member of the program. Because of their commitments they are strong scholarship candidates and they may be selected to participate at a variety of leadership themed conferences all over the country.

To be selected as a Student Orientation Services Team member is an honor and an excellent opportunity for personal and professional growth. Students who are selected to be a part of the Student Orientation Services Team possess strong interpersonal skills, leadership qualities, a genuine interest in meeting new people, and a sense of school spirit, pride, and knowledge.

Please rate the student in the following categories (1 = lowest, 5 = highest):

Punctuality	1	2	3	4	5
Initiative	1	2	3	4	5
Team Work	1	2	3	4	5
Positive Attitude	1	2	3	4	5
Maturity	1	2	3	4	5
Responsibility	1	2	3	4	5
Communication Skills	1	2	3	4	5
Dependability	1	2	3	4	5
Dedication	1	2	3	4	5
Problem Solving	1	2	3	4	5

(Please Continue to Next Page)

HCC STUDENT LEADERSHIP ACADEMY

Office of Student Leadership Development

450 Grand Concourse, Room C-392, Bronx, New York 10451

(718) 518-6541, StudentLeadershipAcademy@hostos.cuny.edu or jlibfeld@hostos.cuny.edu

Recommendation Part 2

Applicant's Name: _____
(Please print name of SOS Team Program applicant)

Please mark the appropriate space

- I highly recommend this student I recommend this student
- I recommend this student with reservation I do not recommend this student

It is important that additional comments are provided regarding the student's ability to successfully assume the role of a Student Orientation Services Team member. Letters of recommendations are preferred.

Name _____

Department _____ Title _____

Office Phone _____

How long have you known the student? _____

In what capacity do you know the student? _____

Please complete this form and email/mail/fax/deliver, along with your **CONFIDENTIAL** Letter of Recommendation to Office of Student Leadership Development, C-392 – ATTN: Student Orientation Services Team Program