

LEADERSHIP APPLICATION

Name _____ Grade _____ Phone _____
Address _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why do you want to be a part of the STARS Leadership program?
2. What personal qualification do you have that will help you be a good leader?
3. What skills do you have that will help you encourage others as a leader?
4. What subjects or grade level would you be able to help mentor?
5. List any other school or community activities you are involved in.

RATE YOURSELF ON A SCALE OF 1 - 5, 5 BEING BEST (CIRCLE ONE)

Character	1	2	3	4	5
Dependability	1	2	3	4	5
Honesty	1	2	3	4	5
Trustworthiness	1	2	3	4	5
Control of Emotions	1	2	3	4	5
Ability to remain neutral/unbiased	1	2	3	4	5
Ability to work with student of different ethnic groups and backgrounds	1	2	3	4	5
Decision-making and problem-solving skills	1	2	3	4	5
Listening skills	1	2	3	4	5
Communication skills	1	2	3	4	5
Leadership skills	1	2	3	4	5
Cooperation	1	2	3	4	5
Respectfulness	1	2	3	4	5
Responsibility	1	2	3	4	5

Student Signature _____ Date _____
(OVER FOR TEACHER REFERENCE)

TEACHER REFERENCE

I recommend _____ for the S. T. A. R. S. Leadership program

RATE THE STUDENT ON A SCALE OF 1 - 5, 5 BEING BEST (CIRCLE ONE)

Character	1	2	3	4	5
Dependability	1	2	3	4	5
Honesty	1	2	3	4	5
Trustworthiness	1	2	3	4	5
Control of Emotions	1	2	3	4	5
Ability to remain neutral/unbiased	1	2	3	4	5
Ability to work with student of different ethnic groups and backgrounds	1	2	3	4	5
Decision-making and problem-solving skills	1	2	3	4	5
Listening skills	1	2	3	4	5
Communication skills	1	2	3	4	5
Leadership skills	1	2	3	4	5
Cooperation	1	2	3	4	5
Respectfulness	1	2	3	4	5
Responsibility	1	2	3	4	5

COMMENTS:

Teacher Signature _____ Date _____

Please have the teacher place this form in a sealed envelope and return it to Coach Snuffer.

Due Date: