

# *HOSTOS STUDENT LEADERSHIP ACADEMY*

---



## **Hostos Student Ambassador Program**

### **Requirements:**

- **Must have a Cumulative GPA of 3.25 or Higher**
- **Must be enrolled for a minimum of six credits**
- **Must be willing to commit to 40 hours of community service per semester**
- **Must be able to attend 40 points worth of mandatory weekly training workshops, retreats and monthly leadership forums**
- **Must commit to one full year of service with the program**
- **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

**2018-2019 Student Ambassador 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: \_\_\_\_\_

Major: \_\_\_\_\_

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 Ambassador Program?**

---

---

---

---

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

---

---

---

**4) What characteristics do you possess that make you a good leader?**

---

---

---

**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 Ambassador Program applicant.)

The Hostos Student Ambassadors are a select group of students who serve as representative leaders for the college, the City University of New York and the community. They are committed to doing volunteer work and receiving leadership training throughout their time as a member of the program. Because of their commitments they are strong scholarship candidates and may be selected to participate at a variety of leadership themed conferences all over the country.

To be selected as a Student Ambassador is an honor and an excellent opportunity for personal and professional growth. Students who are selected as Ambassadors 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):**

<b>Punctuality</b>	1	2	3	4	5
<b>Initiative</b>	1	2	3	4	5
<b>Team Work</b>	1	2	3	4	5
<b>Positive Attitude</b>	1	2	3	4	5
<b>Maturity</b>	1	2	3	4	5
<b>Responsibility</b>	1	2	3	4	5
<b>Communication Skills</b>	1	2	3	4	5
<b>Dependability</b>	1	2	3	4	5
<b>Dedication</b>	1	2	3	4	5
<b>Problem Solving</b>	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 Ambassador Program applicant.)

**Please mark the appropriate space**

I highly recommend this student     I recommend this student

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

**It is important that additional comments are provided regarding the student's ability to successfully assume the role of a Student Ambassador. 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 Ambassador Program