

HOSTOS STUDENT LEADERSHIP ACADEMY



Hostos Emerging Leaders Program

- **All students are invited to apply; including freshman, CUNY Start and CLIP**
- **Must have a desire to lead, to grow and to become a stronger student**
- **Must be enrolled for a minimum of six credits**
- **Must be willing to commit to 16 hours of community service per semester**
- **Must be able to attend meetings, workshops and retreats**
- **Must meet eligibility requirements each semester**
- **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**
- **A letter of Recommendation**

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

2019-2020 Hostos Emerging Leaders Program 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: _____ CUNY Start CUNY Language Immersion Program

Major: _____ Hostos Lincoln Academy- Community Partnerships Program
Early College Initiative

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

(If available)

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 _____

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- 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 Hostos Emerging Leaders Program?**

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

- 4) What do you feel would be the greatest contribution you can make to your community as a leader?**

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

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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:** _____

Please have your reference complete the following recommendation form and return with their Letter of Recommendation.

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

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