

# HCC STUDENT LEADERSHIP ACADEMY

Office of Student Leadership Development

450 Grand Concourse, Room C-392

Bronx, New York 10451

(718) 518-6541

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## 2008-2009 Application Checklist Form

Full Name: \_\_\_\_\_  
Student SS# XX-XXX- \_\_\_\_\_  
Home/Mobile# \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cumulative GPA: \_\_\_\_\_

1. Have you ever been a leader in your community? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Where and when? \_\_\_\_\_
3. What words would you use to describe yourself? \_\_\_\_\_
4. Who do you consider to be an admirable leader? \_\_\_\_\_
5. Are you a good team player? Yes \_\_\_\_\_ No \_\_\_\_\_
6. What would you like to get from your college experience? \_\_\_\_\_
7. Do you think that you can have an impact on the world? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Do you think you have the qualities to be a good leader? Yes \_\_\_\_\_ No \_\_\_\_\_
9. What qualities do you feel make you a good leader? \_\_\_\_\_
10. Do you participate in community service activities? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Where and when? \_\_\_\_\_
12. What would you like to improve in your community/School? \_\_\_\_\_

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: \_\_\_\_\_

*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 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 this position.*

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Signature / Print Name / Date