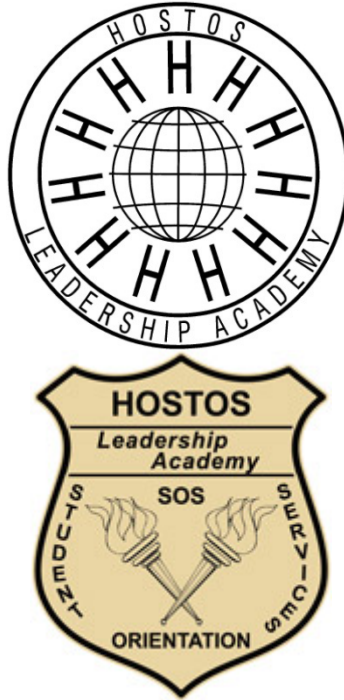


HOSTOS STUDENT LEADERSHIP ACADEMY



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, jlibfeld@hostos.cuny.edu

2021-2022 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: _____

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

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Office of Student Leadership Development

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(718) 518-6541, 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?**

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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 jlibfeld@hostos.cuny.edu.