

HOSTOS STUDENT LEADERSHIP ACADEMY



Hostos Emerging Leaders Program

- **Must maintain or improve on a 2.0 GPA each semester**
- **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 mandatory 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**
- **Resume**
- **Two letters 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

2025-2026 Hostos Emerging Leaders Program Application Form

(Please print clearly)

Full Name: _____

Home Phone _____

Mobile Phone: _____

Hostos E-mail: _____
(Please Print)

Alternate E-mail: _____
(Please Print)

In case of emergency _____

Emergency phone#: _____

Applicant's Classification (circle one):

Freshman Sophomore

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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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 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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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.

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