

**The Scholars Program**

**Glenelg High School**

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| **MEMBERSHIP APPLICATION** |
| **APPLICANT INFORMATION** |
| Name: |
| Date of birth: | Phone: | Email: |
| Current address: |
| City: | State: | ZIP Code: |
| **ACADEMIC INFORMATION** |
| Have you ever been suspended from school or had a disciplinary referral? |
| If yes, when? | How many times? |
| Quarter/Semester GPA: | Cumulative GPA: | Grade Level: |
| **VOLUNTER/COMMUNITY ACTIVITES** |
| Organization/Club: | Start Date(mm/yy): | End Date (mm/yy): |
| Are you in leadership position? If yes, title? | How often do you meet? |
| Organization/Club: | Start Date(mm/yy): | End Date (mm/yy): |
| Are you in leadership position? If yes, title? | How often do you meet? |
| Organization/Club: | Start Date(mm/yy): | End Date (mm/yy): |
| Are you in leadership position? If yes, title? | How often do you meet? |
| **EMERGENCY CONTACT** |
| Name: | Relationship: |
| Address: | Phone: |
| City: | State: | ZIP Code: |

**Leadership Essay**

Describe how you can contribute to the organization and what you have learned from your participation in community service activities. Please provide at least one example of a leadership position you have held in the past or in one of your other activities. If you have not held a leadership position then please describe a time when you assumed a leadership role in an event or school activity. **You must have your coach, sponsor, or teacher sign indicating they have read and approved it.**

*\* This leadership essay is a critical component of the application. Please make sure to spend time on it and discuss how your particular experience influenced you and your understanding of leadership.*

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| **SIGNATURES** |
| Signature of Academic Advisor: | Date |
| Signature of Coach (*If applicable*): | Date |
| Signature of Parent/Guardian: | Date |
| I have read, understand, and am willing to fulfill the responsibilities expected of **The Scholar Program** according to the By-Laws. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholar, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. |
| Signature of Applicant: | Date: |

*\*Signatures from advisors/coaches are required to validate your leadership essay. No application will be considered without them*

**Teacher Recommendation Form for The Scholars Program**

Student (Please Print):

Teacher (Please Print):

School year in which you taught this student:

The young ladies who have been invited to apply to **The Scholars Program** have been identified based upon many criteria including, but not limited to, their academic performance and grade level classification. Please take a moment to rank them on a 1-5 scale according to your experience as their instructor. (Scale: 5 = Outstanding, 1 = Poor)

Interpersonal Skills: 5 4 3 2 1

Dependability: 5 4 3 2 1

Respectfulness: 5 4 3 2 1

Integrity: 5 4 3 2 1

Conduct: 5 4 3 2 1

Additional Comments:

Teacher’s Signature: Date:

Teachers, please return this completed form to the mailbox of:

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Thank you for your attention! We appreciate your input.