



### Eligibility Criteria

- Must be a full-time student at Lincoln University.
- Must have a minimum of 30 credit hours. Transfer students must have at least one semester matriculation at Lincoln University (Freshmen with at least 15 credits, and taking at least 15 credits at time of application submission will be considered).
- Must have a minimum grade point average of **3.0**.
- Must obtain three (3) **recommendation forms** from a member of faculty and/or staff.
- Must attend the Emerging Leaders Conference, which will be held on Saturday, March 14, 2015. (This will be an all day event.)
- Must have completed a FAFSA (Free Application for Federal Student Aid).  
**Confirmation page must accompany application.** Please do not submit the entire print out, just the confirmation page.
- Must be in good judicial standing with the University.
- Must complete a typed application package.

### Duties & Responsibilities

- Must serve as a guide for incoming/transfer students.
- Must schedule bi-weekly and/or monthly meetings or activities with group members.
- Must attend all convocations throughout the course of the academic year.
- Must submit monthly documentation to provide updated information on group members.
- Must assist as needed for various university events coordinated by the Office of Student Life & Development or other departments as needed.
- Perform other relevant duties as designated by the Office of Student Life & Development.

**Keep this page for your records.**



NAME: \_\_\_\_\_ ID #: \_\_\_\_\_

Please complete the application package in its entirety. Below is a checklist for your records to verify that all of the proper documentation has been submitted.

**Application must be typed (you may complete the application electronically and print it out to sign).**

Incomplete or late application packages will not be accepted.

- ☐ Application Form
- ☐ Activities and Community Service Form
- ☐ Applicant Statement
- ☐ Three (3) recommendation forms from faculty and/or staff members.
- ☐ FAFSA confirmation page
- ☐ New Student Orientation Activities Proposal (use separate sheet/s to submit 2-3 ideas for sessions or activities during New Student Orientation)

**\*\*Recommendation forms must be returned with the application\*\***

Application Due Date:  
4pm Friday, March 3, 2015  
**LATE APPLICATIONS WILL NOT BE ACCEPTED**

TO BE COMPLETED BY THE OFFICE OF STUDENT LIFE & DEVELOPMENT

Date Received : \_\_\_\_\_

Received By : \_\_\_\_\_



Office of Student Life & Development  
**Student Leader Ambassador Application**  
2015/2016

Application Form

Full Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SMR: \_\_\_\_\_ Campus Residence: \_\_\_\_\_

Room Extension: \_\_\_\_\_

Permanent Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Classification: \_\_\_\_\_ Total Credits Earned to Date: \_\_\_\_\_

Major/Minor: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Career Goals: \_\_\_\_\_

*All of the above information that I have provided is accurate to the best of my understanding.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Activities & Community Service Form**

*Please indicate your involvement in university co-curricular activities, memberships, etc.*

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Leadership Positions *(within last 4 years)*

*Date(s)*

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Community Service Involvement *(within last 4 years)*

*Date(s)*

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### Applicant Statement

*Please describe your first year experience at Lincoln and assess your Student Leader Ambassador. Share why you would like to be a Student Leader Ambassador.*

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## RECOMMENDATION FORM

(you may complete this form electronically or by hand)

**\*\*Recommendation forms must be returned with the application\*\***

### CONFIDENTIALITY STATEMENT

APPLICANT'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

I hereby request that \_\_\_\_\_,  
(Evaluator's Name)

a member of the Lincoln University community who has knowledge of my past performance, complete this form and submit it as a recommendation to the Office of Student Life & Development of Lincoln University for inclusion with my application for the position of Student Leader Ambassador. My preference regarding confidentiality of this recommendation is as follows:

I waive my rights of access: \_\_\_\_\_  
(Signature)

I wish to have access: \_\_\_\_\_  
(Signature)

### EVALUATOR:

Please assist us in the selection process and rate this applicant by placing a check in the column that most appropriately represents your assessment of him/her on the characteristics listed, and by writing relevant comments in the spaces provided.

How long have you known this applicant? \_\_\_\_\_

### I. PERSONAL CHARACTERISTICS:

1. MATURITY  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
2. SELF-CONFIDENCE  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
3. ABILITY TO COMMUNICATE
  - A. VERBALLY  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
  - B. IN WRITING  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
4. FRIENDLINESS  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
5. APPROACHABILITY  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average



Office of Student Life & Development  
**Student Leader Ambassador Application**  
2015/2016

6. **INITIATIVE**  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
7. **LEADERSHIP**  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
8. **COOPERATION**  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
9. **DEPENDABILITY**  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average
10. **OPENNESS TO FEEDBACK**  
☐ No basis for rating ☐ very good ☐ good ☐ average ☐ below average

II. **COMMENTS:** Please provide additional information about this student that might be relevant to the position they are applying for.

\_\_\_\_\_

III. **OVERALL RATING:** Generally rate this individual as an applicant for Student Leader Ambassador.

☐ Excellent ☐ Good ☐ Average ☐ Poor

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position: \_\_\_\_\_ Campus Extension: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## RECOMMENDATION FORM

(you may complete this form electronically or by hand)

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### CONFIDENTIALITY STATEMENT

APPLICANT'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

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How long have you known this applicant? \_\_\_\_\_

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II. **COMMENTS:** Please provide additional information about this student that might be relevant to the position they are applying for.

\_\_\_\_\_

III. **OVERALL RATING:** Generally rate this individual as an applicant for Student Leader Ambassador.

☐ Excellent ☐ Good ☐ Average ☐ Poor

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Position: \_\_\_\_\_ Campus Extension: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## RECOMMENDATION FORM

(you may complete this form electronically or by hand)

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Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Position: \_\_\_\_\_ Campus Extension: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_