



CSS LEADERSHIP APPLICATION

Name: _____ **Grade:** _____

Application date: _____

Please complete a 1-2 paragraph response for each question below. If you require more space, please continue on a separate piece of paper and attach to your application. Please include specific examples based on your experiences.

Why do you want to be part of our student leadership program?

What previous leadership roles have you fulfilled in school or in the community that you feel make you a qualified applicant?

What skills and strengths can you offer to the CSS Leadership program?



Part B: Teacher/Counselor Recommendation Section

Please have a teacher or a counselor who have known you for at least 5 months complete the following *stating reasons you are a suitable candidate*. In the event a student is from out of district the name, school, and email of a previous teacher will suffice so that we may contact them.

Teacher/ Counselor name: _____

Teacher / Counselor signature: _____