

HUHS Student Council 2014-2015 High School Applicant APPLICATION

Hartford Union High School

805 Cedar Street
Hartford, WI 53027
Main Office: 262-670-3200

Student Council Advisor

Sheila Parker
Email: sheila.parker@huhs.org

NAME _____ GRADE (school year of 2017-2018) _____

ADDRESS _____

GPA: _____

PHONE NUMBER Home ____ - ____ - ____ Cell ____ - ____ - ____

CPA: _____

E-MAIL _____

SCHOOL E-MAIL (if applicable) _____

This application AND two (2) teacher evaluations are due **Friday, May 5, 2014** by the end of the day in the Room 88 or Mrs. Parker’s Mailbox – NO EXCEPTIONS! If you received this application via email, please print it out and hand in a hard copy. There will be a mandatory interview for all applicants during resource period during the week of May 12th You need to schedule an appointment with Mrs. Parker (sheila.parker@huhs.org) or contact her in resource room 93/95.

Names of Teachers Providing Recommendations:

Name: _____ Subject Area: _____

Name: _____ Subject Area: _____

Please answer the following questions as complete as possible: (The answers you give may take into account your acceptance into the HUHS Student Council 2017-2018)

Tell us about yourself, your hobbies, clubs and activities.

If any, what leadership roles have you had in these activities?

Why do you want to be a part of the HUHS Student Council?

It is assumed applicants are responsible, respectful, trustworthy, timely, and organized. What characteristics and talents in addition to these do you possess that will make you a great leader and member of the Student Council and how do you exemplify those?

If accepted into the Council, what will you offer and contribute?

If applicable, how have you contributed to the Council in the past? Have you held leadership positions or chaired a major event? Why should we renew your participation in Student Council?

In the next year, what you plan on being involved in, both inside and outside of the school?

Is there any additional information or other considerations for your application? If needed, attach an additional sheet to your application.

By signing this application, you are acknowledging the above information is completed honestly and to the best of your ability.

Signature of Applicant

Date

TEACHER EVALUATION FORM

Student Council Selection Process 2017-2018

Please evaluate the following student for the qualities listed. Your input is vital in assisting us in the selection of appropriate members for the HUHS Student Council for the 2017-2018 school year. Your answers to this evaluation will not be shared with the applicant, but with the selection committee. Thank you for your time and assistance.

Please return to Sheila Parker's mailbox, or mail to HUHS, Attn: Sheila Parker, 805 Cedar Street, Hartford WI 53027 by May 5, 2017.

Students: If you are printing this form online, please remember you will need two (2) copies.

Student Applicant's Name _____
 Grade of 2017-2018 School Year (circle) 9 10 11 12

List the courses in which the applicant was your student:

How long have you known the applicant and to what capacity?

Please rank this applicant compared to the students you have worked with (please check appropriate box):

	Excellent Top 5%	Very Good Top 10%	Above Average	Average	Below Average	No Basis for Evaluation
Positive role model (For fellow students)						
Responsible (Work complete and on time)						
Cooperative (Works well with others)						
Good listener (Accepts ideas and criticisms)						
Self-motivation (Does not need assistance to begin work)						
Creative (A dreamer with imagination)						
Risk Taker (Takes risks that may be criticized)						
Pleasant personality (Consistent rather than moody)						
Maturity of judgment (Makes well-behaved decisions)						
Stable personality (Bounces back from disappointment)						
Critical thinking and problem solving skills (Acts as an "out of the box" thinker)						

Please use the back of this evaluation to make additional comments and explain why you feel his student would or would not be a good, contributing member of the 2017-2018 HUHS Student Council. The Hartford Union High School Student Council thanks you for your time and effort in helping us with next year's selection process.

TEACHER'S NAME (PRINT)

TEACHER'S SIGNATURE (SIGN)

DATE

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TEACHER'S NAME (PRINT)
TEACHER'S SIGNATURE (SIGN)
DATE