HUHS Student Council 2024-2025 High School App	licant APPLICATION	
Hartford Union High School		Student Council Advisor
805 Cedar Street		Holly Oleshko
Hartford, WI 53027		Email: holly.oleshko@huhs.org
Main Office: 262-670-3200		
NAME	GRADE (sch	nool year of 2024-2025)
ADDRESS		
		GPA:
PHONE NUMBER  Home   Cell    E-MAIL		
SCHOOL E-MAIL (if applicable)		
This application AND two (2) teacher evaluations are due to the Counseling Office or Mrs. Oleshko's Mailbox – NC print it out and hand in a hard copy. There will be mand school during May. You will receive an email with an inte	DEXCEPTIONS! If you atory interviews for a	received this application via email, please
Names of Teachers Providing Recommendations:		
Name:	Subject Area:	
Name:	Subject Area:	
Please answer the following questions as complete as p acceptance into the HUHS Student Council 2024-2025) Tell us about yourself, your hobbies, clubs and activities.	<b>bossible</b> : (The answers	s you give may take into account your
If any, what leadership roles have you had in these activi	ities?	

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?

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.

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Signature of Applicant

Date

## **TEACHER EVALUATION FORM**

Student Council Selection Process 2024-2025

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 2018-2019 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 Holly Oleshko's mailbox, or mail to
HUHS, Attn: Holly Oleshko, 805 Cedar Street, Hartford WI 53027
by April 25, 2024.

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

Student Applicant's Name

Grade of 2024-2025 School Year (circle)

11

10

12

## TEACHER NAME:\_\_\_

List the courses in which the applicant was your student:

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

	Excellent	Very Good	Above	Average	Below Average	No Basis for Evaluation
	Top 5%	Top 10%	Average			
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 2024-2025 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 Signature\_\_\_

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Teacher Signature\_\_\_\_\_