

SLOOP INSTITUTE FOR EXCELLENCE IN LEADERSHIP APPLICATION 2017-2018

DEADLINE: FRIDAY, NOVEMBER 10, 2017

**PLEASE RETURN APPLICATION TO CLARISSA LANG IN THE OFFICE OF LEADERSHIP AND EXPERIENTIAL LEARNING
(THE BRADDOCK HOUSE) BETWEEN 8:30 AM AND 4:00 PM**

APPLICANT INFORMATION

Name:	Gender (Pronouns):	Email:
Date of Birth:	ID #:	Cell Phone:
Local Address:		
City:	State:	ZIP Code:
Dietary Restrictions:		

EMERGENCY CONTACT

Name:	Relationship:
Address:	
City:	State:
Phone:	
City:	State:
ZIP Code:	

SCHOOL INFORMATION

Major:	
Minor:	
Overall GPA:	# of Completed Credits As Of August 2017:
Current Credits This Semester:	Anticipated Graduation Year / Semester:
Do you have a Judicial Record with the University: ___Yes ___No If yes, please attach a typed explanation.	
Faculty/Staff Endorsement:	
Faculty/Staff Email:	Faculty/Staff Phone :

CAMPUS ENGAGEMENT & SHORT ANSWER QUESTIONS

Please provide a typed short answer to each of the following questions regarding your leadership experience on a separate paper.

1. Describe your involvement on campus. What organizations are you currently involved with at FSU? What positions have you held or currently hold at FSU? What, if any, campus jobs/internships have you partaken in?
2. Choose an organization you are involved with in which you would potentially like to take on a leadership position / or already are in a leadership position. What do you envision accomplishing for the organization with this position and how could you achieve these goals?
3. Provide an example of a time when you stepped outside of your comfort zone. What did you learn from this experience?
4. Develop a personal mission statement and describe how you apply it at Frostburg State University.
5. Why should we choose you as a Sloop Institute Participant this year? How will you bring your experiences from Sloop back to the campus?

SIGNATURES / AUTHORIZATIONS

Authorization to Release Information: If I am selected as a Sloop Institute for Excellence in Leadership member, I authorize Frostburg State University to release any of the above information to the public in any manner it shall choose. I also authorize the university to verify that all the information provided on and with this application is accurate.

Signature of Applicant:	Date:
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OFFICE OF LEADERSHIP AND EXPERIENTIAL LEARNING FOR
STUDENT AFFAIRS
101 BRADDOCK ROAD
FROSTBURG, MD 21532-2303
T 301.687.7013
leadership@frostburg.edu

Sloop Institute for Excellence in Leadership Student Conduct Agreement

In accordance with Frostburg State University policy, I _____
agree to adhere to the terms and conditions listed below:

I will follow all guidelines presented in the Pathfinder. This includes behavioral expectations and all other policies laid out within the student handbook. I am also aware that this is a substance free conference and any behavior involving the use of alcohol or any controlled substance is strictly prohibited. Frostburg State University is a Smoke-Free Campus and this includes all programs and events. In addition, I understand that failure to follow these rules may result in my immediate expulsion from the trip.

I understand that in the event that I am expelled from the trip, I will be held responsible for all costs including, but not limited to: travel, lodging, and food for the duration of the trip's planned length. In addition, all costs incurred as a result of my expulsion (i.e. airfare, cab rides, etc.) will also become my responsibility and will be held against my student account until paid in full. I understand that Frostburg State University may require a judicial board hearing as a result of inappropriate behavior or behavior inconsistent with the rules and regulations found in the Student Pathfinder and within this agreement.

I understand that I am committing to attending the Sloop Institute for Excellence in Leadership if selected on Friday March 9, 2018 and Saturday, March 10, 2018. In the event that I cannot attend this event, I will give the Office of Leadership and Experiential Learning 30-day notice. In the event that it is less than 30 days before the event, I understand that if the Office of Leadership and Experiential Learning cannot find an alternate and fill my place, I am responsible for all costs associated with attending this event. These costs will include but are not limited to transportation, lodging, and meals. The estimated cost for my attendance is \$200.00.

Signature: _____

Printed Name: _____

Date: _____