# New Smyrna Beach High School Student Government Association

### 2018-2019 Application for High School Students



#### **APPLICATIONS ARE DUE APRIL 4TH**

Please bring application and letters of recommendation with you to the recruitment drive on Wednesday, April 4th. Check in will be from 2:00-2:15 pm. The event will be finished around 5:00 pm. Food and drinks will be provided. Please report to room 2-112. You will be responsible for your own transportation to and from the high school.

If you have any questions, please email Ms. Leonard at <a href="mailto:ccleonar@volusia.k12.fl.us">ccleonar@volusia.k12.fl.us</a>

#### **REQUIREMENTS FOR CONSIDERATION OF SGA MEMBERSHIP:**

- Candidate must have a current GPA of 2.5 or higher
- No record of excessive unexcused absences or discipline referrals
- Obtain favorable recommendations from 7 teachers
- Return complete applications by deadline
- · Have shown outstanding leadership and citizenship as a student
- Attend the recruitment workshop on Wednesday, April 4th, at NSB High after school and complete an interview with a selected panel of faculty/staff members and current members of the SGA Executive Board
- Attend induction ceremony on Monday, May 21st at 6 pm NSB Auditorium
- Must register for leadership class (currently 6th or 7th period)
- Will be required to purchase two SGA shirts for approximately \$30
- Be available to participate in a wide variety of after school events, including some weekends and provide personal transportation when needed
- Understand that missing scheduled events may result in reduction of class grade and removal from the SGA program

Thank you for your interest in Student Government and GOOD LUCK!

, have read and understand the nformation above and the qualifications and duties associated with nembership in Student Government Association. If I am accepted as a nember for the Student Government Association, I agree to fulfill the duties the best of my ability.						
Student Signature	Date					
Parent/Guardian Signature	Date					
Please list your 3 teachers (you will need to h letter of recommendation on your behalf):	ave each teacher complete a					

### SGA MEMBER APPLICATION

Print all information in blue or black ink

Candidate Name:
Alpha Code:
Email Address:
Phone Number:
Current GPA: Please list your current and future extra-curricular activities:
What is one characteristic that you believe every leader should possess? Please explain how you possess this characteristic.
What is your greatest strength? What is your biggest weakness? What can you do to improve on this weakness?
Name 3 projects (new or ones we already have) that you would like to help plan.

Please list the following 7 categories in the order you most enjoy: Community Service (ex. Canned Food Drive), Fundraising (ex. Pasta for Pennies), Health and Safety (ex. Relay for Life), School Spirit (ex. Pep Rallies), Faculty and Staff Relations (ex. Teacher Appreciation Week), School Service (School Beautification), Environmental Concerns (ex. Beach Clean Up).

1.		
What I	leadership experiences have you	had that make you a top candidate for
effecti	5	need to commit to SGA in order to be an your time to ensure you succeed inside

# SGA TEACHER RECOMMENDATION tear off this page and turn it in to the teacher making

recommendation. Please r following areas. They are	ate (st applyir	udent's ng for S	s name]	) Goverr	ıment me	in the
School Spirit	1	2	3	4	5	
Leadership	1	2	3	4	5	
Positive Attitude	1	2	3	4	5	
Dependability	1	2	3	4	5	
Attendance	1	2	3	4	5	
Promptness	1	2	3	4	5	
Maturity	1	2	3	4	5	
Works well with others	1	2	3	4	5	
Meets deadlines	1	2	3	4	5	
Respect for authority	1	2	3	4	5	Total
Please include any additio	nal cor	nment	S:			7 otal
Teacher Name:						
Course Title:						
Current Class Grade:			_			
Teacher's Signature						

Please put in an envelope and return to student by April 4th

#### SGA TEACHER RECOMMENDATION

Print your name then tear recommendation. Please I following areas. They are	ate (st	tudent's	s name]	)		i	ur n the
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Meets deadlines	1	2	3	4	5		
Respect for authority	1	2	3	4	5	Total	
Please include any addition	nal co	mment	s:			Total	
Teacher Name:							
Course Title:							
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Teacher's Signature:							

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## SGA TEACHER RECOMMENDATION

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