

STUDENT APPLICATION

Student Leadership Council, Evans Community School

To become a part of the Evans Community School Student Leadership Council, please complete the following form, additional requirements, and deliver completed packet to Ms. Ellis at the HUB.

NAME:	
DATE:	
GRADE LEVEL:	
NUMBER OF YE	EARS AT EVANS:
NAME OF MIDE	DLE SCHOOL:
GPA:	
A\ IB Ele Mu Dr RC Du Sp SC Clu	evate Orlando usic ama OTC ual Enrollment orts Team(s). Specify:

ADDITIONAL REQUIREMENTS

An essay on the following topic (150 words):

Why I believe I would be a valuable member of the Evans Community School Student Leadership Council.

Two Letters of Recommendation:

- 1. (1) from a teacher/adult other than a family member, and
- 2. (1) from a peer