

IOWA AFRICAN AMERICAN HALL OF FAME INCOMING STUDENT LEADERSHIP AWARD 2018



This award recognizes an African American graduating senior who is an Iowa resident and is entering an Iowa college or university in academic year 2017-2018. Applicants should demonstrate exemplary leadership skills as evidenced by active participation in student organizations or community organizations. The recipient must have a minimum cumulative grade point average of 3.0 at the time of application.

Submit applications to IAAHF Selection Committee, Attn: Rudy Simms, 5109 Sawyers Drive, Des Moines, IA 50310 or via email at rusimmsy@gmail.com. This application and all supporting documents must be received **no later than 5:00 p.m. on July 13, 2018**. Scholarships will be awarded for the **2018-2019 academic year**. Recipient must be available to accept award at the scholarship banquet.

Name: _____

Address: _____

Email: _____ Phone number: _____

High school you will graduate from (Name, City, State): _____

High School GPA _____ High School Rank _____

ACT Composite score _____

ACT Math score _____

ACT English _____

Please attach the following supporting documents to your application:

Cover letter. Provide a one (1) page summary of your qualifications for this award.

Leadership Resume. Provide a resume that describes all paid and/or volunteer leadership experiences. Give dates of involvement, titles, activities, and accomplishments.

Essay. In an essay of 500-1,000 words, describe one quality you believe makes a good leader, explain why, and tell how you have exemplified that quality in previous leadership roles. Illustrate your points with specific examples.

Recommendations. Please ask three individuals who have observed you in a leadership role to serve as references for you by completing the form below. Recommenders should submit the forms to the Selection Committee prior to the application deadline. Provide the names and telephone numbers or e-mail addresses of the individuals who will submit these forms:

Name of individual providing recommendation	Telephone number	E-mail address
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Name of individual providing recommendation	Telephone number	E-mail address
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Name of individual providing recommendation	Telephone number	E-mail address
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In signing this application, I extend permission to examine my official school record to all those officially involved in the selection process.

Signature of applicant _____ Date _____

IOWA AFRICAN AMERICAN HALL OF FAME LEADERSHIP AWARD 2018 RECOMMENDATION FORM

<i>Applicant's Name</i>	
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Recommender: Please rate the applicant according to the following criteria, based on your observations of him/her in a leadership role.

<i>How long have you known the applicant, and in what capacity?</i>					
<i>Please compare the applicant with other individuals as follows:</i>					
	Excellent	Above Average	Average	Below Average	No Information
Ability to motivate others					
Interpersonal skills					
Maturity					
Initiative					
Responsibility/dependability					
Organizational skills					
Academic achievement					
Professional potential					
<i>Overall evaluation:</i> Compared to other students at the same level, I would rank this candidate in the top _____ 1% _____ 5% _____ 10% _____ 25% _____ 50%					
<i>Additional Comments:</i>					
Name of Recommender: _____ Title: _____					
Signature: _____ Date: _____					

Return this form before 5:00 p.m. on July 13, 2018.

IAAHF Selection Committee
Attn: Rudy Simms, 5109 Sawyers Drive, Des Moines, IA 50310 or via email at rusimmsy@gmail.com.