



# Arkansas Leadership Academy

## Student Voice Institute Year One

Please PRINT the following:

Application Deadline: **SEPTEMBER 25, 2020**

### FACULTY PARTICIPANT INFORMATION

1 OF 2

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SCHOOL EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_ NUMBER OF YEARS IN EDUCATION: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DO YOU PREFER: SHORT SLEEVE \_\_\_\_\_ LONG SLEEVE \_\_\_\_\_

MEDICALLY REQUIRED DIETARY RESTRICTIONS: \_\_\_\_\_

HAVE YOU ATTENDED AN ACADEMY INSTITUTE OR SEMINAR? YES  WHEN \_\_\_\_\_ NO

### FACULTY PARTICIPANT INFORMATION

2 OF 2

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

SCHOOL EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

POSITION: \_\_\_\_\_ NUMBER OF YEARS IN EDUCATION: \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DO YOU PREFER: SHORT SLEEVE \_\_\_\_\_ LONG SLEEVE \_\_\_\_\_

MEDICALLY REQUIRED DIETARY RESTRICTIONS: \_\_\_\_\_

HAVE YOU ATTENDED AN ACADEMY INSTITUTE OR SEMINAR? YES  WHEN \_\_\_\_\_ NO

### STUDENT PARTICIPANT INFORMATION

1 OF 5

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DO YOU PREFER: SHORT SLEEVE \_\_\_\_\_ LONG SLEEVE \_\_\_\_\_

MEDICALLY REQUIRED DIETARY RESTRICTIONS: \_\_\_\_\_

2 OF 5

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DO YOU PREFER: SHORT SLEEVE \_\_\_\_\_ LONG SLEEVE \_\_\_\_\_

MEDICALLY REQUIRED DIETARY RESTRICTIONS: \_\_\_\_\_

3 OF 5

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DO YOU PREFER: SHORT SLEEVE \_\_\_\_\_ LONG SLEEVE \_\_\_\_\_

MEDICALLY REQUIRED DIETARY RESTRICTIONS: \_\_\_\_\_

4 OF 5

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DO YOU PREFER: SHORT SLEEVE \_\_\_\_\_ LONG SLEEVE \_\_\_\_\_

MEDICALLY REQUIRED DIETARY RESTRICTIONS: \_\_\_\_\_

5 OF 5

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

T-SHIRT SIZE: \_\_\_\_\_ DO YOU PREFER: SHORT SLEEVE \_\_\_\_\_ LONG SLEEVE \_\_\_\_\_

MEDICALLY REQUIRED DIETARY RESTRICTIONS: \_\_\_\_\_

### SCHOOL INFORMATION

SCHOOL: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ CO-OP: \_\_\_\_\_

PHONE: \_\_\_\_\_ P.O. CONTACT NAME: \_\_\_\_\_

PRINCIPAL NAME: \_\_\_\_\_

PLEASE LIST THE PERCENT OF STUDENT DEMOGRAPHICS IN YOUR DISTRICT:

FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ Other \_\_\_\_\_

AFRICAN AMERICAN \_\_\_\_\_ ASIAN \_\_\_\_\_ CAUCASIAN \_\_\_\_\_

**Please answer the following questions in the space provided.**

**Why is it important for you to participate in the Arkansas Leadership Academy's Student Voice Institute?**

**What specific content and/or skills do you hope to gain from this training?**

**APPLICANT'S COMMITMENT:**

If selected to attend the Student Voice Institute, I understand I am making a commitment to begin a student voice initiative back in my school/district. I also understand that the attending faculty members are responsible for the supervision of student participants. In order for to be considered for this training, I agree to participate in both sessions.

FACULTY MEMBER APPLICANT SIGNATURE: \_\_\_\_\_

FACULTY MEMBER APPLICANT SIGNATURE: \_\_\_\_\_

STUDENT APPLICANT SIGNATURE: \_\_\_\_\_

STUDENT APPLICANT SIGNATURE: \_\_\_\_\_

STUDENT APPLICANT SIGNATURE: \_\_\_\_\_

STUDENT APPLICANT SIGNATURE: \_\_\_\_\_

STUDENT APPLICANT SIGNATURE: \_\_\_\_\_

**PRINCIPAL'S COMMITMENT:**

If the above team is selected to attend the Student Voice Institute, I commit to support them in this endeavor. I understand attendance is mandatory for both sessions of the institute. I also understand that the attending faculty members are responsible for the supervision of student participants.

PRINCIPAL SIGNATURE: \_\_\_\_\_

PRINCIPAL EMAIL ADDRESS: \_\_\_\_\_

**There is a \$4500 institute fee. The two sessions of this institute include 2 nights lodging, 8 meals, snacks and books/materials. Please provide a copy of your Purchase Order when submitting this application (include the email address where the University of Arkansas may submit the invoice). Your application will not be considered complete until we have a copy of your P.O. document.**

**Student Voice Institute Dates:**

**Location:**

Fairfield Bay Conference Center, Fairfield Bay, Arkansas

**Please select your preferred cohort!**

**Cohort 1: Session One – Nov. 16-17, 2020**

**Session Two - March 8-9, 2021**

Student Voice Institute will begin at 10:00am the first day of each session and end by 3:30pm the last day of each session.

**Cohort 2: Session One - Nov 18-19, 2020**

**Session Two – March 10-11, 2021**

If you have any questions, please contact:

Richard Del Soto – 479-575-8477 [rdelsoto@uark.edu](mailto:rdelsoto@uark.edu)

**Deadline to submit application: SEPTEMBER 18, 2020.**

**Lodging:**

At the Arkansas Leadership Academy's Student Voice Institute, we strive to make all participants feel comfortable and safe. All participants will have their own private room unless otherwise communicated. If any of the students prefer to room with a friend, please list those requests below:

**Student Names**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit the application via email to Richard Del Soto at [rdelsoto@uark.edu](mailto:rdelsoto@uark.edu)



# **PHOTO/VIDEO IMAGE RELEASE FORM**

## **(FACULTY)**

I hereby consent to and authorize the use and reproduction by the Arkansas Leadership Academy, or anyone authorized by the Arkansas Leadership Academy, of any and all photographs/video images that have been taken of me, for any purpose, without compensation to me.

All negatives, positives, digital files, together with the prints, are the property of the Arkansas Leadership Academy.

The Arkansas Leadership Academy reserves the right to use these photographs or video images for any length of time.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Name \_\_\_\_\_

School District \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



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Name \_\_\_\_\_

School District \_\_\_\_\_

Email \_\_\_\_\_

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



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