



Arkansas Leadership Academy

Student Voice Institute Year Two

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 _____
Native American _____ Hispanic _____

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 Year Two Institute Dates:

Please select your preferred cohort!

Cohort 1: Session One – Dec. 7-8, 2020

Session Two - March 29-30, 2021

Cohort 2: Session One – Dec. 9-10, 2020

Session Two – March 31-April 1, 2021

Location:

Fairfield Bay Conference Center, Fairfield Bay, Arkansas

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.

If you have any questions, please contact:

Richard Del Soto – 479-575-8477 rdelsoto@uark.edu

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:

DEADLINE TO SUBMIT APPLICATION: SEPTEMBER 18, 2020.

Submit the application via email to Richard Del Soto at 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.

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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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PHOTO/VIDEO IMAGE RELEASE FORM

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Student Signature _____

Parent Signature _____

Date _____



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