



Arkansas Leadership Academy

Student Voice Institute

Please PRINT the following:

Application Deadline: **September 30, 2019**

FACULTY PARTICIPANT INFORMATION

1 OF 2

FIRST NAME: _____ LAST NAME: _____

SCHOOL EMAIL: _____ CELL PHONE: _____

POSITION: _____ NUMBER OF YEARS IN EDUCATION: _____

T-SHIRT SIZE: _____ MEDICALLY REQUIRED DIETARY RESTRICTIONS: _____

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> MALE | |
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> ASIAN | <input type="checkbox"/> CAUCASIAN |
| <input type="checkbox"/> HISPANIC | <input type="checkbox"/> NATIVE AMERICAN | OTHER _____ |

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: _____ MEDICALLY REQUIRED DIETARY RESTRICTIONS: _____

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> MALE | |
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> ASIAN | <input type="checkbox"/> CAUCASIAN |
| <input type="checkbox"/> HISPANIC | <input type="checkbox"/> NATIVE AMERICAN | OTHER _____ |

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

STUDENT PARTICIPANT INFORMATION

1 OF 5

FIRST NAME: _____ LAST NAME: _____ F/M _____ GRADE _____

T-SHIRT SIZE: _____ MEDICALLY REQUIRED DIETARY RESTRICTIONS: _____

2 OF 5

FIRST NAME: _____ LAST NAME: _____ F/M _____ GRADE _____

T-SHIRT SIZE: _____ MEDICALLY REQUIRED DIETARY RESTRICTIONS: _____

3 OF 5

FIRST NAME: _____ LAST NAME: _____ F/M _____ GRADE _____

T-SHIRT SIZE: _____ MEDICALLY REQUIRED DIETARY RESTRICTIONS: _____

4 OF 5

FIRST NAME: _____ LAST NAME: _____ F/M _____ GRADE _____

T-SHIRT SIZE: _____ MEDICALLY REQUIRED DIETARY RESTRICTIONS: _____

5 OF 5

FIRST NAME: _____ LAST NAME: _____ F/M _____ GRADE _____

T-SHIRT SIZE: _____ 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 _____

AFRICAN AMERICAN _____

ASIAN _____

CAUCASIAN _____

HISPANIC _____

NATIVE AMERICAN _____

OTHER _____

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.**

Student Voice Institute Dates:

- **December 10-11, 2019**
- **March 10-11, 2020**

Please save these dates on your calendar!

Location:

Winthrop Rockefeller Institute - Petit Jean Mountain

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:

Joseph Wilson – 479-575-3324 jjw02@uark.edu

PLEASE EMAIL THE APPLICATION BY: SEPTEMBER 30, 2019.

Submit the application via email to Joseph Wilson at jjw02@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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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:

Signature

Date

Printed Name

E-Mail address

Phone Number



PHOTO/VIDEO IMAGE RELEASE FORM (STUDENT)

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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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: _____
Printed Name of Student Printed Name of Parent/Guardian

Signature of Parent/Guardian Date