

**PEAK Leadership Institute  
Paradise Valley Community College  
Student Application**

**Application Requirements and Checklist**

**Please submit the following items with your application to the Student Life Center ~KSC 135**

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|--|---------------------------|
| _____ Completed Application              | _____ Essay               |
| _____ Completed Letter of Recommendation | _____ Talent Release Form |

**Application Deadlines:**

**Fall ~ September 15**

**Spring ~ February 15**

**Questions or Additional information contact the Student Life Center ~ KSC 135**

<http://www.pvc.maricopa.edu/studentlife> (602) 787-7240

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Last
First
MI  
Street
City
State
Zip Code

E-Mail: \_\_\_\_\_ Student ID (SSN): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Total College Credits Completed \_\_\_\_\_

Academic Program/Major: \_\_\_\_\_

Please specify which **PVCC** Leadership programs you have already completed:

<b>Tier One Programs</b>	<b>Semester Completed</b>
Leadership for Citizenship Course (MGT 105 ~ 1 CR)	_____
ACE/SUCCEED	_____
Emerging Leaders I (CPD 103BL 9946 ~ 2 CR)	_____
Emerging Leaders Wilderness (LDR 103 ~ 2 CR)	_____
Summer Service Leadership Academy	_____
LeaderShape Institute	_____
Honors Forum (HUM 190 ~ 3 CR)	_____
Orientation Leader	_____
<b>Tier Two Programs</b>	
Student Ambassadors	_____
Peer Mentor Training Class (CPD 250 ~ 3 CR)	_____
Emerging Leaders II (CPD 103BL 9947 ~ 2 CR)	_____
Student Leadership Council (LDR 201 ~ 2 CR)	_____
SLICE Alternative Spring Break (COM 282 ~ 3 CR)	_____
Orientation Coordinator	_____
Student Public Policy Form (SPPF)	_____
<b>Tier Three Programs</b>	
Emerging Leaders III (Peer Facilitators) (LDR 201 or CPD option)	_____
Student Diversity Infusion Internship	_____
Teacher Connection	_____
Diversity Service Learning (GBS 282 ~ 1-3 CR)	_____
Career Work Experience (CWE 198 ~ 1-3 CR or Non-Credit)	_____
SLICE Alternative Spring Break PEER LEADER (COM 282 ~ 3 CR)	_____
Orientation Director	_____

**Previous Leadership Experience** (Student Government, Scouts, Athletics, etc)

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**Other** (Clubs, Music, Activities, anything you think is important)

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**Volunteer Experience**

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**Goals & Expectations** (Please write about how you will benefit from what you hope to learn from your participation in the PEAK Leadership Institute.)

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**Essay Question:** What does leadership for social change mean to you and how can it make a difference in our society?

(Submit as attachment: 1-3 pages, typed, double spaced)

*I acknowledge with this signature that I understand the time commitment of the PEAK Leadership Institute and am prepared to attend all of the calendared sessions as well as fulfill all obligations of participation in the program. I also agree to abide by all MCCCCD and PVCC program guidelines and ground rules.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# LETTER OF RECOMMENDATION

**To the Applicant:** This form should be given to one instructors (or supervisors) under whom you have studied or worked, who are able to comment on your qualifications for the PEAK Leadership Institute.

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**To the Instructor/Supervisor:** Please complete the following information and forward the form at your discretion to the appropriate campus contact person or applicant. It is to the applicant's advantage if you also attach additional comments on letterhead to this form.

Name of Instructor/Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Campus or Organization: \_\_\_\_\_ How long have you known the applicant and in what capacity? \_\_\_\_\_

Please rate and comment on the applicant's suitability for the PEAK Leadership Institute.

**Rating Key:**

**1=below average    2=average    3=above average    4=superior, exceeds peers    5=unable to evaluate\***  
 (\*please include comment)

Leadership Performance Areas	Scale					Comments
<b>QUALITY OF WORK</b> How accurate and thorough is the student's work--does it meet acceptable standards for the collegiate level? Are requests and assignments completed as scheduled?	1	2	3	4	5	
<b>ATTITUDE AND PROFESSIONALISM</b> Is the individual professional in their behavior? Are they enthusiastic, diligent, interested, and courteous?	1	2	3	4	5	
<b>DEPENDABILITY/ATTENDANCE</b> How reliable is the individual? Do they participate fully in program elements? Does he/she complete assignments and carry out instructions? How much supervision or intervention is required? How responsible is student toward assigned work? Does the student notify you when unable to attend or arrive on time?	1	2	3	4	5	
<b>RELATIONSHIPS WITH PEOPLE</b> Is the individual respectful of others? Do they practice active listening and allow others to share perspectives that may be different from their own? Does the student work effectively with peers?	1	2	3	4	5	
<b>CRITICAL THINKING/REASONING</b> How open is the student to learning new ideas and differing viewpoints? Is the student able to make connections and comparisons between theory and practice?	1	2	3	4	5	
<b>OVERALL RATING</b> Considering all of the criteria listed above, rate the student's overall performance level.	1	2	3	4	5	

Signature of Instructor/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT  
2411 West 14th Street, Tempe, AZ 85281-6942

**TALENT RELEASE FORM**

**I authorize the Maricopa County Community College District, and those acting within its authority, to, at no charge:**

- Record my participation, appearance or performance on videotape, audiotape, film, photography or any other medium.
- Use my name, likeness, voice and biographical material in connection with these recordings.
- Copy and distribute the recording in whole or in part solely for education related purposes by the Maricopa County Community College District, and those acting under its authority, as they deem appropriate.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Signature: \_\_\_\_\_

Parent/Guardian  
Signature (if under 18): \_\_\_\_\_ Witness: \_\_\_\_\_

**FORMA DEL LANZAMIENTO DEL TALENTO**

Autorizo el distrito de la universidad de la comunidad del condado de Maricopa, y ellos actuando dentro de su autoridad, a ningun cargo:

- Registre mi participación, aspecto o funcionamiento en la videocinta, la cinta magnética para audio, la película, la fotografía o cualquier otro medio.
- Utilice mi nombre, semejanza, voz y material biográfico en la conexión con estas grabaciones
- Copias y distribuciones la grabación de entera o en parte solamente para los propósitos relacionados educación por el distrito de la universidad de la comunidad del condado de Maricopa, y ellos que actúan bajo su autoridad, juzgen apropiados.

Nombre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Dirección: \_\_\_\_\_ Teléfono No. \_\_\_\_\_

Firma: \_\_\_\_\_

Firma de Parent/Guardian

(si debajo de 18): \_\_\_\_\_ Testigo: \_\_\_\_\_