

HARRIS-STOWE STATE UNIVERSITY

HARRIS-STOWE ORIENTATION LEADER AMBASSADORS

2010-2011 HOLA Application

PERSONAL INFORMATION

Date _____

LAST NAME		FIRST NAME		M.I.
LOCAL ADDRESS	CITY		STATE	ZIP CODE
LOCAL TELEPHONE ()		PERMANENT TELEPHONE ()		
E-MAIL ADDRESS			STUDENT ID NUMBER	
DATE OF BIRTH ____/____/____	ACADEMIC YEAR		CUMULATIVE GPA	
ACADEMIC MAJOR		ACADEMIC MINOR		
ARE YOU A FALL ATHLETE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHICH SPORT?		

SHORT ANSWERS

<p>Why are you interested in becoming an HOLA leader?</p>
<p>Did you participate in orientation as a freshman? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF NO, WHY?</p>
<p>What was the best part of your first-year experience at Harris-Stowe?</p>
<p>What would you like to teach incoming students during their first year at HSSU?</p>
<p>What characterizes a successful student, and how well do your strengths match those of a successful student?</p>

SHORT ANSWERS (CONTINUED)

What leadership experience have you had at Harris-Stowe?
Please identify what campus organizations and activities you have been involved in at HSSU.
What experience have you had with public speaking and group facilitation?
Based on your personal experience, what is the single most important thing you want to share with incoming students to make their transition from high school to college successful?

LETTERS OF RECOMMENDATION

Please be sure to submit two letters of recommendation with your application. At least one letter of recommendation must be from an HSSU faculty member.

APPLICATION SUBMISSION

Submit your application and two letters of recommendation to the Office of Counseling Services, located in room 111A of the Rev. Dr. William G. Gillespie Residence Hall and Student Center (GRH), no later than **March 5, 2010**.

RESPONSIBILITIES

Selected candidates will be asked to participate in an interview process and must **commit to training** throughout the month of **April 2010**. First-Year Orientation will be **Wednesday, August 18-Friday, August 20, 2010**.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge.

PRINT NAME	
SIGNATURE	DATE
	____/____/____

QUESTIONS

Please direct all questions to:

Lashonda Clay, Counselor, GRH 111B, (314) 340-5068, (314) 256-8185, ClayL@hssu.edu or
Annette Curdt, Interim Director of Student Activities, GRH 110A, (314) 340-5042, CurdtA@hssu.edu