

HILLSDALE MIDDLE SCHOOL
LEADERSHIP/ASSOCIATED STUDENT BODY LETTER OF INTEREST

Name _____

Home Phone # _____

Your Zero Period Teacher _____ Current Grade (6,7) _____

Student Requirements: In order to be, and stay in, the ASB program students must maintain at least a 3.0 Citizenship G.P.A., a 3.0 Academic G.P.A., and have no behavioral referrals. Students must maintain this standard throughout their time in a leadership class or risk removal from the class by their teacher. Teachers of electives can make exceptions to the standards above at their discretion.

Parent Permission: Has my permission to apply for the Leadership/Associated Student Body (ASB) class for the upcoming school year at Hillsdale Middle School. I understand that participation in ASB will, at times, involve spending extra time before, during, and occasionally after school to attend meetings, complete ASB projects, and/or help at various school events. I am willing to provide transportation for my child to enable him/her to participate in these events.

Parent Signature _____ Date _____

Student Application:

Why do you want to be an ASB Leader?

What are some ways in which you can help our program improve?

Describe some of your strongest positive leadership traits:

(Over)

All Letters of Interest should be returned by April 12th, 2019 by 1:40 pm, to Mr. Russo in the ASB Room. Selected students will be notified before the end of the school year. Thank you for your interest in the Hillsdale ASB Leadership class.

(Over for Teacher Recommendation- This MUST be completed)

Teacher Recommendation for ASB Leadership Class

This portion must be completed by two of your current Hillsdale teachers in order for you to be considered for The Husky Associated Student Body Team.

Dear Teachers:

The student asking for your recommendation would like to join our Husky ASB team. We are looking for school wide leaders who; maintain excellent academic and conduct grades, works well with others, models proper husky character traits, and has a high self-initiative. If you feel the student listed below fulfills these requirements please recommend them for a position on our team.

Student name: _____

Teacher #1:

Name: _____

Signature: _____

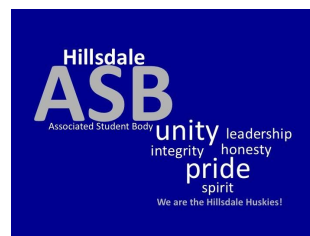
Teacher #2:

Name: _____

Signature: _____

Thank you for your time!

Mr. Russo
Husky ASB Facilitator



(Below is for Administrative use only)

TRI #1: _____ TRI #2 : _____