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| **FLORIDA SCHOOL COUNSELOR ASSOCIATION EMERGING LEADERS PROGRAM** |
|  **\*Criteria to participate:****\*Must be a current member of the Florida School Counselor Association.****\*Must be a current graduate student of a school counseling program or a professional school counselor.****\*Must attend the convention November 2-4, 2017.****BENEFITS COMMITMENT**One year FSCA membership Commit to attend leadership training and participate in mentorship Free leadership training and mentorship Serve on one committee during the year of training Attend FSCA Convention and serve as host or hostess Provide assistance at FSCA eventsProfessional networking Emerging Leaders Recognition at Annual FSCA Convention A complete application packet must include 1) Application 2) Resume 3) Two Professional References 3) One Letter of Support. Deadline to submit application to FSCA is May 24, 2017. The application can be submitted electronically to Dr. Cindy Topdemir at ctopdemi@usf.edu |
| **APPLICANT INFORMATION** |
| Name:  |
| Current address: |
| Phone: | Email: |
| **EMPLOYMENT INFORMATION** |
| Current school/district: |
| Employer address: |
| Work Phone: | E-mail: |
| **SCHOOL COUNSELING PROGRAM** |
| Institution: |
| Program/ Specialty: | Graduation Date: |
| **AREA(S) OF INTEREST** (please mark all areas of interest) |
| Membership | Professional Development | FSCA Convention |
| Communications (e.g., e-news, social media) | Advocacy | College and Career |
| Technology (e.g., website, webinar set-up) | Scholarships/Grants | Chapter Development |
| **PROFESSIONAL REFERENCES** |
| Name | Address | Phone |
| 1. |  |  |
| 2. |  |  |
| **INTENT TO PARTICIPATE** |
| Please write a brief statement about your interest in the emerging leaders program. What do you hope to gain from this experience? How can FSCA assist you in this process? (Attach page) |
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| **COMMITMENT STATEMENT** |
| By applying to the Emerging Leaders Program I acknowledge my commitment to grow professionally and develop my leadership in order to contribute to the Florida School Counselor Association’s mission and vision. I understand that the program will bestow benefits of participation as well as responsibilities to the association. I agree to fulfill these obligations within a term of one year (July 1, 2017- June 30, 2018) should I be selected as an emerging leader. |
| Signature of applicant: | Date: |