AWARD DESCRIPTION

The Division of Student Services is pleased to honor a University of Kansas Medical Center student with the KUMC Student Leadership Award. This student will be chosen on the basis of their demonstrated exceptional leadership skills which impact the KUMC campus, their community involvement and ability to interact and work with a wide variety of students and student organizations. The recipient will receive a $300.00 award and the award winner will be announced at the Student Leader Reception and Commencement.

ELIGIBILITY CRITERIA:

1. The nominee must be enrolled at the University of Kansas Medical Center student during the 2011-2012 academic year.

2. Students are only eligible to win the award once.

APPLICATION PROCESS:

1. A completed application packet will include:
   a. Student Leader Award application form.
   b. A current copy of the nominee’s resume or curriculum vita.
   c. Two to four letters of support submitted on his or her behalf, completed by students, faculty, staff, community members or others in a position to speak to the impact the nominee has had on students, KUMC and the community.

2. Completed application packets must be submitted together to Ryan Gove, Office of Student Engagement, G005 Orr Major by 4:00 p.m. on Wednesday, March 28th, 2012. Incomplete packets will not be accepted.

3. All students nominated for this award as well as the award winner will be recognized at the Student Leader Reception on April 24th, 2012 3–5pm in the School of Nursing Atrium.

INSTRUCTIONS: Please TYPE or PRINT the answer to each question. I understand that any information submitted by me will be shared with members of the awards committee. Please Note: All pieces of the application including the letters of support must be received at the same time.
GENERAL INFORMATION
Nominee’s Name: ____________________________________________________________

Nominee’s Address: __________________________________________________________

Nominee’s Phone Number: (__) __________________________

EDUCATIONAL INFORMATION

School the nominee is currently enrolled in at KUMC

☐ Health Professions   ☐ Undergraduate   ☐ Graduate
  Program ________________________________________________________________

☐ Medicine   ☐ MD   ☐ Kansas City   ☐ Wichita
  ☐ MD/PHD

☐ Graduate Program ______________________________________________________

☐ Nursing   ☐ Undergraduate   ☐ Graduate

☐ Other   Please specify __________________________________________________

Anticipated graduation date of nominee: __________________________

The following information may be used when selecting the recipient for this award. You are not limited to the space provided to answer the following questions. However, please ensure that all four questions are answered in the format presented.

1. How has the applicant impacted KUMC?

2. How has the applicant impacted community?

3. Please describe and provide examples, if possible, of the student’s ability to do the following:
   lead other students, encourage other students and work as a team member.

4. Have we missed something? Please provide us with any further information you would like us to consider when selecting the recipient for this award.