

Henny Penny Leadership Award Application

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

High School: _____ **Current GPA:** _____ **Class Rank:** _____

Do you have a parent/step-parent who works at Henny Penny? No Yes

If so, please indicate parent's name: _____

Type of School/Program:

Provide information about your intended plans for higher education for the upcoming academic year.

- 4 year college or university
- 2 year community college
- Combination: 2 year college, transferring to 4 year college
- Vocational – technical school
- Other. Please specify: _____

Major or course of study:

If undecided and considering more than one option, please list your top choices.

College/University Selected:

If undecided and considering more than one option, please list your top choices.

Work Experience:

List any paid work experience (e.g., server, cashier, babysitter, yard work, etc.)

Employer and position: _____
Start/End Dates (mm/yy): _____
Average hours per week: _____

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Start/End Dates (mm/yy): _____
Average hours per week: _____

School Activities:

List up to 8 organizations where you have served as a formal or informal leader, your title, and how long you were involved. Ideally, these are the most relevant experiences that have shaped your leadership qualities (This can include sports, band, student government, honor society, school newspaper, committees, volunteer activities, clubs, etc.)

Organization/Club: _____
Title/s Held: _____
Years participated: _____

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Title/s Held: _____
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Awards or Honors:

List any awards received from academics, organizations, or the community.

Community Activities:

List any community service or volunteer activities and number of hours committed.

HENNY PENNY LEADERSHIP AWARD RECOMMENDATION

This award recognizes students who exemplify entrepreneurial spirit and who demonstrate effective leadership skills. The information you share about this applicant will be given considerable weight by the Award Selection Committee in determining his/her qualifications for aid. Please feel free to add additional sheets if necessary. **Please note:** Relatives may not provide a letter of recommendation.

NAME OF APPLICANT: _____

What outstanding leadership qualities does this applicant possess that uniquely qualify him/her to receive this award?

Provide at least one example of how this applicant has demonstrated the qualities listed above.

Describe how you've seen this applicant grow as a leader.

Name & Title: _____

Relation to Applicant: _____

Phone & Email: _____

Date: _____

PLEASE SUBMIT THIS RECOMMENDATION NO LATER THAN MARCH 15, 2019.