



**STRATEGIC ADVOCACY LEADERSHIP TEAM**

**2024 INFORMATION & APPLICATION**

APPLICATION DEADLINE: SEPTEMBER 15, 2024

**Name:**

\_\_\_\_\_

**First** **Middle** **Last**

**Home Address:**

\_\_\_\_\_

**City:**

\_\_\_\_\_

**State:**

\_\_\_\_\_

**Zip Code:**

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

**Home Phone:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**How did you hear about the BWNA?**

\_\_\_\_\_

\_\_\_\_\_

**Favorite Scripture, Quote, or Personal Motto:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Academic/Community Information

**Name of High School/ College:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Anticipated Date of Graduation:** \_\_\_\_\_ **GPA:** \_\_\_\_/\_\_\_\_ (3.7/4.0) or \_\_\_\_% (90%)

**Honors, Awards, and Achievements (Include past and present):**

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**Extracurricular Activities (Include past and present, as well as offices held):**

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**Hobbies, Special Interests and Talents:**

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**Community Service (Include time frames):**

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**Employment History**

**You may include activities such as babysitting or tutoring if you receive payment.**

**Name of Company:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Brief Description of Duties:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Company:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Brief Description of Duties:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational and Career Goals**

**Tell us about your educational and career goals:**

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**Special Accommodations**

**Do you have any special needs that we need to be aware of if selected?**

- Yes**
- No**

**If yes, please describe:**

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## **Essay Information**

Application must include a 300-400-word essay on the question below. Your essay should not exceed two pages and be **typed, double-spaced, 12-font (no script font) with 1" margins**. Please complete your essay and attach it to your application on a separate sheet of paper. Please include your name, email address, and essay response to the following question.

**How do you connect your Christian faith with your quest to make a difference in your community?**

## Recommendation Form

\_\_\_\_\_ is applying to participate in the 2023-2024 BWNA Social Advocate. Please complete the following form and return it to the applicant in a sealed envelope (signed on the closure) so she may submit it to us for consideration before the August 15, 2024 deadline.

How long have you known the applicant? \_\_\_\_\_

What is your relationship with the applicant? \_\_\_\_\_

Based on your experience with the applicant, please check the box below that best represents the applicant's ability or character.

	Excellent	Above Avg	Average	No Opportunity to Observe
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Impression of Applicant:

- |   |   |
|---|---|
| <input type="checkbox"/> Enthusiastically Recommended     | <input type="checkbox"/> Recommended      |
| <input type="checkbox"/> Recommend with some reservations | <input type="checkbox"/> Do not recommend |

**Please provide any additional relevant information about the applicant below:**

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Recommendation provided by (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_