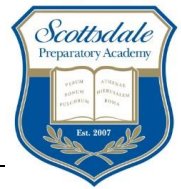


# Diakonos - Application 2018-2019



All forms must be submitted at the front desk to Headmaster Chaney's attention by September 14, 2018.

Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Student Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Faculty Member Recommendation Form to be completed by: \_\_\_\_\_ (list name)

## **ACADEMIC INFORMATION:**

I currently maintain a GPA of 2.5 or higher at Scottsdale Preparatory Academy. YES                      NO

## **EXTRA-CURRICULAR CLUBS/LEADERSHIP:**

Please list below significant extra-curricular activities and any leadership positions held. **Please acquire at least two faculty advisors' signatures** to affirm you are members in good standing and/or leadership positions in these clubs, teams or activities.

Club	Leadership Position, if any	Faculty Signature (at least two required)

## **PERSONAL QUALIFICATIONS:**

Please describe three qualities or skills you possess that would be beneficial to your role in *Diakonos*:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

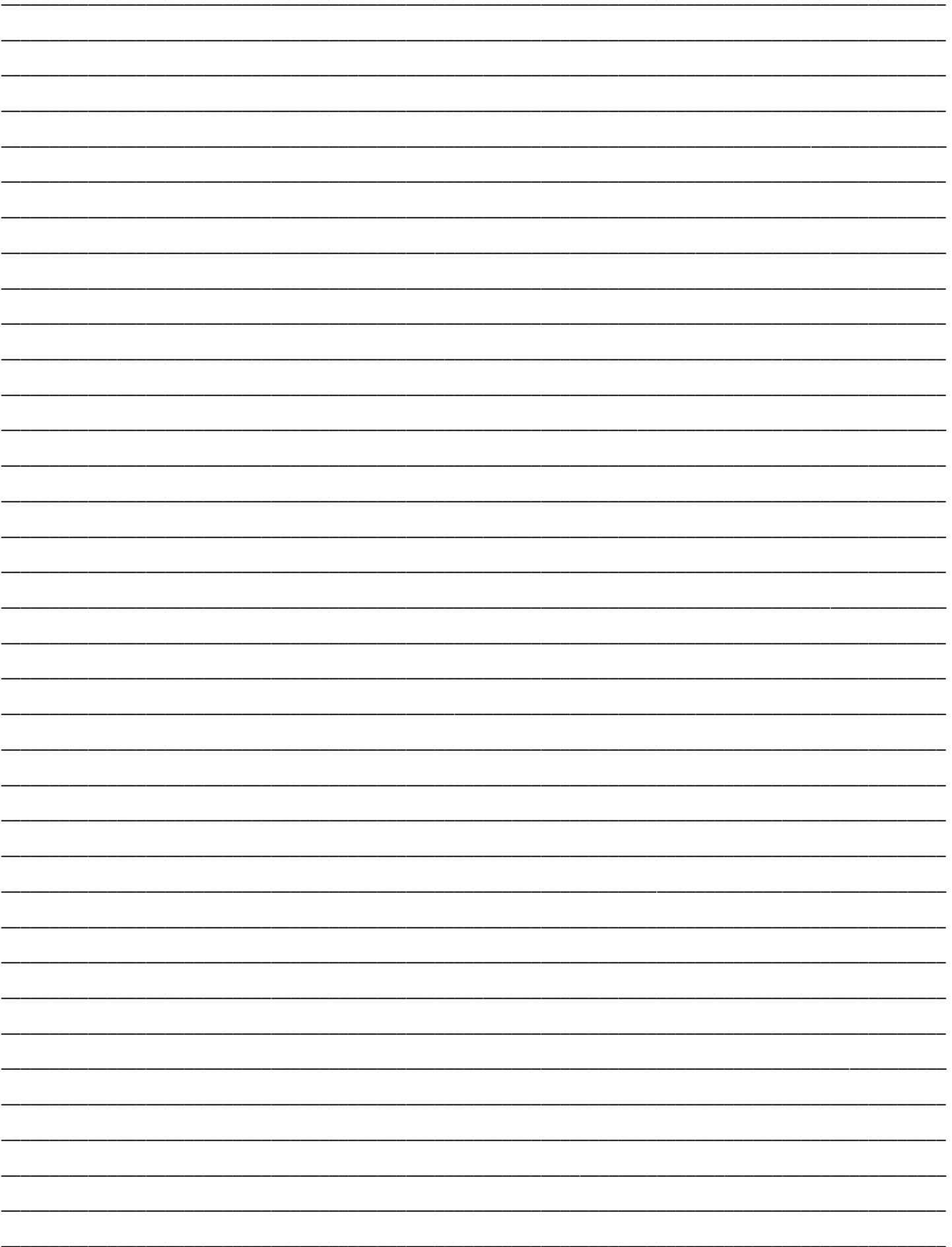
Please read the below and sign this commitment:

I, \_\_\_\_\_, hereby commit to attendance and transportation for all regular meeting times for Diakonos, and I will wholeheartedly commit to service and commitment for all Diakonos-related events. I understand that if I do not fulfill my obligations to the council, my membership will be terminated.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date





# Diakonos



## FACULTY RECOMMENDATION FORM

Dear Faculty Member,

As a reminder, Diakonos is a leadership council that will endeavor to gain leadership skills through training and service to the academy, with the support and collaboration of Headmaster Chaney and Assistant Headmaster Chapman.

Please fill out the below recommendation form and return it directly to Headmaster Chaney's attention, rather than to the student, by Friday, September 14, 2018.

### TO BE FILLED OUT BY STUDENT:

Name of Student: _____	Current Grade Level: _____
Name of Faculty Member: _____	Date Given to Faculty Member: _____

### TO BE FILLED OUT BY FACULTY MEMBER:

How many years have you known this student? \_\_\_\_\_

In what context have you connected with this student?

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Please evaluate the student using the following criteria:

Trait	Exemplary (Top 10%)	Good (Top 25%)	Average	Below Average	Unsatisfactory
Conforms to school policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respected by Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive, supportive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honest, hardworking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any additional statements regarding your observations of this student that may better inform the selection committee (continue comments on back of page if necessary):

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Faculty Signature: \_\_\_\_\_

Date: \_\_\_\_\_