

BILL COGGINS COMMUNITY LEADERSHIP AWARD 2016 APPLICATION

APPLICATION DEADLINE:

Received or Postmarked by

Friday, March 25, 2016

7:00 P.M.

INCOMPLETE OR LATE APPLICATIONS **WILL NOT** BE CONSIDERED.

**For this application to be considered,
you must submit the following information by the deadline:**

- Completed application
- Transcript from current school
- Leadership Activity Evaluation Form(s)
- Letter(s) of recommendation
- Personal statement (**Maximum: 2 pages double spaced, 12 pt. Times New Roman font**)

I certify that the information in this application is complete and correct to the best of my knowledge and that all required documentation is enclosed. I am aware that any false statement may result in the disqualification of my application for the Kaiser Permanente Bill Coggins Community Leadership Award.

SIGNATURE OF APPLICANT _____ DATE _____

Mailing Address

Kaiser Permanente

Kaiser Permanente Watts Counseling and Learning Center
Bill Coggins Community Leadership Award

1465 East 103rd Street
Los Angeles, CA. 90002
(323) 564-7911

Email: Info-watts@kp.org

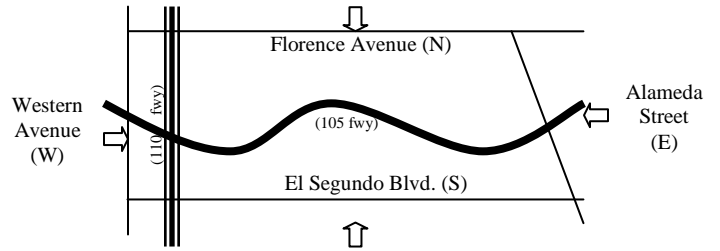
[Kaiser Permanente Watts Counseling and Learning Center Video Link](#)

INSTRUCTIONS: Respond to **all** questions listed in this application; use "not applicable" if appropriate. Each section **must** be completed.

PLEASE TYPE OR PRINT LEGIBLY

ELIGIBILITY REQUIREMENTS:

- a. Currently a high-school senior
- b. Have a minimum cumulative grade point average of 2.8
- c. Have demonstrated commitment to community leadership.
- d. Live **OR** attend a school within the boundaries on the right:



Section A: APPLICANT INFORMATION

Applicant's Name (Please Print: Last Name, First Name, Middle Initial)		E-Mail Address	
Full Address (Include City, State, Zip)		Do you have? <input type="checkbox"/> Social Security # <input type="checkbox"/> Tax ID # <input type="checkbox"/> Neither	
Home Phone () -	Cell () -	Birth Date: (mo/day/year) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Is your parent or legal guardian a Kaiser Permanente employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ethnic Group: (check all that apply) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other (specify): _____			

Section B: SCHOOL INFORMATION

Current School	Current Cumulative GPA	Expected Graduation Date
Counselor's Name and email	School Planning to Attend in Fall 2016	Already Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section C: PERSONAL STATEMENT (Maximum: 2 pages, double spaced, 12 point Times New Roman font)

Describe a time or experience during high school, when you have exhibited **community leadership** skills. This description should contain a specific example of a leadership situation and the impact of your actions in the role of a leader. This should include:

1. Your vision and the degree to which you shaped and led a new effort
2. Your vision and the degree to which you elevated an existing activity or organization

Section D: HAVE YOU PARTICIPATED IN ANY OTHER KAISER PERMANENTE WATTS COUNSELING AND LEARNING CENTER PROGRAMS? YES NO IF YES, WHICH PROGRAM(S)?

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Community Leadership Activity Evaluation

This award is based on community leadership

Instructions to Applicant:

Please provide this form to an adult(s) who has mentored/supervised your participation in leadership activities described in your essay. The recommender must return the completed recommendation to you in a sealed envelope with their signature across the sealed flap.

Instructions to Recommender:

The person named below is applying for the Kaiser Permanente Bill Coggins Community Leadership Award. The awardees should possess leadership experience and qualities that have positively contributed to the community. We greatly appreciate your assistance in our evaluation of this candidate. Please describe to the best of your knowledge how this applicant has demonstrated leadership qualities, skills, and/or abilities. **Please note that only letters speaking directly to the applicant's community leadership experience will be considered.** Place this form and the accompanying letter of recommendation on official letterhead, in an envelope with your signature across the sealed flap, and return to the applicant.

Applicant's Name: _____
Please Print

How long have you known this applicant? _____

What is your relationship to applicant? _____

Recommender's Name: _____
Please Print

Position/Title: _____

Institution/Agency: _____

Signature: _____ Date: ____ / ____ / ____

Phone: (____) ____ - _____ Email: _____

Feel free to copy this form if you have several recommenders submitting on your behalf.

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CONSENT FOR THE TAKING AND PUBLICAITON OF PICTURES AND RECORDING OF SOUND

If you are selected as a recipient of this Leadership Award you will be required to have photos, videos and or audio taken of you. Please complete and sign the consent form below.

1. Applicant's Name _____

2. Place where pictures are to be taken KP Watts C & L Center / Venue for Annual Event
(INDICATE HSOPITAL OR CLINIC AND SPECIFIC LOCATION WITHIN)

Date(s) pictures to be taken June 2016 - July 2016

3. Purpose General Photos / Bill Coggins Community Leadership Award

4. I hereby authorize the Kaiser Foundation Hospitals, Southern California Permanente Medical Group and the attending physicians or others to photograph, videotape and record sound, etc.

Watts Counseling and Learning Center / Community Benefit, Media Relations
(INDICATE WHO OTHERS ARE)

5. I hereby agree that any photographs, motion pictures, videotape, etc., may be used for public relations, medical study, teaching, education, research, observation, news or other purposed.

Date _____ Time _____ Signed _____
PATIENT, PARENT OR LEGAL GARDIAN

Relationship _____

Date _____ Witness _____