

2024 BILL COGGINS COMMUNITY LEADERSHIP AWARD

Dear Applicant,

Thank you for your interest in the Kaiser Permanente *Bill Coggins Community Leadership Award*.

In June 1996, the Kaiser Permanente Watts Counseling and Learning Center was selected for the first annual national Community Leadership Award of the American Association of Health Plans, located in Washington, D.C. The Center was honored for 30 years of “enriching the quality of life in the community it serves”, and also received a cash award to be used for charitable purposes.

In the spirit of this national recognition, the Kaiser Permanente Bill Coggins Community Leadership Award was created to acknowledge community leadership by students and to help them continue their education. This award was named to honor the 30-year legacy of community leadership of the Center’s founder Bill Coggins. Awards will be granted to outstanding candidates who:

- is currently a high school senior graduating in 2024
- have a minimum cumulative grade point average of 2.8
- have a demonstrated commitment to community leadership
- live or attend a school within the boundaries below
- will be attending a post-secondary institution in fall of 2024



If applying, please make sure that all instructions are carefully followed and that all of the required documentation is obtained and submitted **together**. **Application packets, including ALL supplemental information, should be received or postmarked by Monday, April 15th at 3:00pm:**

If dropping off applications, please follow these COVID safety protocols.

- ☐ A Face covering must be worn to enter the building
- ☐ To gain access press button on wall to the left.
- ☐ Upon entry of building Sanitize Hands at dispenser located to your left
- ☐ Complete temperature check at the touchless kiosk
- ☐ Leave application packet on countertop at front desk

Mailing Address:
Bill Coggins Community Leadership Award
Kaiser Permanente
Watts Counseling and Learning Center
1465 E. 103rd St.
Los Angeles, Ca. 90002

Late or incomplete applications will not be considered. ***Please ensure that all information on the application is current. Failure to have current information may result in disqualifying your application.*** Notification of award status will be mailed or emailed to all applicants on or about **Monday, May 13th**. Award is subject to verification of college enrollment.

If you require additional information, please call Bryant Crook at (323) 564-7911 or via email at bryant.j.crook@kp.org.

Good Luck!


Maria Aguirre, Director

2024 BILL COGGINS COMMUNITY LEADERSHIP AWARD APPLICATION

APPLICATION DEADLINE:

Received or Postmarked by
Monday, April 15, 2024
3:00 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**)

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
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

Video Link: <https://www.youtube.com/watch?v=0zuxH329nDs>

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

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ELIGIBILITY REQUIREMENTS:

- Currently a high-school senior & expected to graduate 2024
- Have a minimum cumulative grade point average of 2.8
- Have demonstrated commitment to community leadership
- Live **OR** attend a school within the boundaries on the map to the right



Section A: APPLICANT INFORMATION

Applicant's Name (Please Print: Last/First/ Middle Initial)			Preferred Name		Gender Male Female	
Use Client's Name	She/Her/Hers	He/Him/His	They/Them/Their	Decline to Answer	Unknown	Other
Full Address			City		Zip	
Home Phone		Cell		Birth Date: (mo/day/yr)	Email Address	
Is your parent or legal guardian a Kaiser Permanente employee?				Do you have?		
Yes		No		Social Security #		Tax ID #
Ethnic Group: (check all that apply)						
Asian/Pacific Islander		Black/African American		Caucasian	Hispanic/Latino	Native American
Other (specify):						

Section B: SCHOOL INFORMATION

Current School	Current Cumulative GPA	Expected Graduation Date	
Counselor's Name and Email		College Planning to Attend in Fall 2024	Already Accepted? Yes No

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

Describe an example of community leadership experience in which you have positively influenced others, helped resolve disputes, or contributed to group efforts over time.

- For example, was there a time when you stepped up and took the role of leader in a group, team, family and/or community setting? Briefly describe the experience, then explore what that experience meant to you. How did you grow from that leadership experience? What, if any impact did that have in other places in your life?
- Remember, we do not need a definition of leadership. We are not asking if you have a leadership role or title. We want to understand how your leadership has made a positive impact on your community. **If you worked in a group, remember to focus on your tasks, your role, and/or your responsibilities that demonstrated positive impact.**

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
(INDICATE HOSPITAL OR CLINIC AND SPECIFIC LOCATION WITHIN)

Date(s) pictures to be taken June 2024 - July 2024

3. Purpose **General Photos / 2024 Kaiser Permanente
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 purpose.

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

Relationship to Applicant _____

Date _____ Witness _____