



... STEP INTO THE FUTURE!

STEP Leadership Team Application

APPLICANT INFORMATION		
Full Name (Last, First):		Student ID#:
Current address:		
City:	State: WA	Zip Code:
Phone:	E-mail:	Cell:
Name of Parent or Guardian:		Relationship:
SCHOOL INFORMATION		
Name of School Currently Attending:		Grade:
College Plans:		
REQUIREMENTS		
1. A letter of recommendation from a teacher or counselor (page 2 of this form) 2. A brief (one page) statement of purpose describing your reason(s) for pursuing admission to the STEP Leadership Team		
EMERGENCY CONTACT INFORMATION		
Primary Contact Name:		
Relationship:		Phone:
City:	State:	Zip Code:
Secondary Contact Name:		
Relationship:		Phone:
City:	State:	Zip Code:
I authorize KSD to verify the information provided on this form.		
Signature of applicant		Date
Parents and Guardians, please read!		
The STEP Program collects video footage and photographs for publications, websites, and/or videos for the purpose of promoting the Kent School District programs. Your student's pictures may appear on publications, websites and/or videos that are produced by the Kent School District which will be available for public view.		
I give my permission and support this student's participation in the STEP Leadership Team and to have his/her pictures appear on publications, websites, and/or videos of the Kent School District.		
Signature of parent or guardian		Date



Return completed application to:
 Kent School District, IT-STEP Program
 12033 SE 256th Street, Ste. D-800
 Kent, WA 98030 - (253) 373-7638
www.ksdstep.org



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Letter of Recommendation

Name of Applicant _____

The applicant named above has requested your recommendation for admission to the Kent School District Information Technology Student Technology Educational Partnerships (STEP) Program Leadership Team. Admission is based upon scholastic aptitude and academic promise. We would appreciate your assessment of the applicant's potential in these areas. Please respond to the questionnaire at the end of this form and write your recommendation in the space provided below. You may attach additional sheets if necessary.

Name: _____ Phone Ext: _____

Position: Teacher – Subject: _____ Counselor Other _____

School: KL KM KMTA KMVA KPA KR KW

Qualities		Rating					
		No basis for judgment	Clearly below average	Slightly below average	Average	Above average	Outstanding
A	Abilities						
	To communicate orally						
	To communicate in writing						
	To think abstractly						
	To think critically						
	To think creatively						
	To work independently						
	To work with others						
	To persevere systematically						
B	Character						
	Honesty, integrity, trustworthiness						
	Emotional stability and maturity						
	Industry, initiative, motivation						
C	Overall						
	Academic competence						
	Potential for Internship Program						

Comments: _____

I consider the applicant to be among the top _____ percent of the students in my class.

Signature: _____ Date: _____