Mission: To provide a leadership program that enables each student to be exposed to principles that will enhance their ability to be a successful and responsible citizen.

Vision: For the Hillsborough County Sheriff’s Office to become a community leader in developing and rewarding successful students by enhancing their ability to become productive citizens.

SRS Program Goals:

1. Develop relationships between future high school seniors and positive adult role models.
2. Reward responsible students by providing a challenging, yet enjoyable, week-long learning experience.
3. Deliver leadership training that will promote positive citizen involvement.

Eligibility and Application Requirements

• Each applicant must be a Junior, advancing to their Senior year.

• Applicants shall provide a transcript supporting a minimum unweighted GPA of 3.0.

• Applicants may not have a criminal history.

• Applications shall be submitted to the respective SRO / SRD by March 24, 2016.

Semi-finalist Requirements

• Each respective high school shall form a selection committee consisting of the SRO / SRD, staff members, teachers, or other persons of their choosing to vet applications and choose a maximum of three (3) semi-finalists to be submitted to the HCSO School Resource Section for selection of participants.

• Between the dates of March 24 and April 6, 2016, selected semi-finalists shall be required to complete a 500 word essay on the topic of leadership. Students shall
complete the essay unassisted and in a proctored environment. This essay shall be typed, double spaced, and shall be completed at each respective school site.

- After the essay has been completed, and no later than April 8, 2016, the SRO / SRD shall submit to the HCSO School Resource Section, the essay along with the completed application, and one (1) letter of recommendation from a non-relative of the applicant.

- Selection of participants will be completed by the HCSO Rising Stars selection committee and will occur April 20, 2016.

- Students chosen to participate in the program will then be provided with a Release and Indemnity to be signed by the parent or guardian, as well as an emergency notification form to be completed and notarized. These forms MUST be completed and returned to the HCSO School Resource section prior to the start of the program in order for a student to participate.

- Questions regarding this program or the application process should be directed to the HCSO School Resource Section at 813-247-8072.
Hillsborough County Sheriff’s Office Rising Stars Leadership Academy
June 13-17, 2016
Application

Full Legal Name: ____________________________   Current Grade Level: ____  Adult Shirt Size: ___

Date of Birth: ____________________________   Unweighted GPA: ____________________________

School: ____________________________   Student
Email: ____________________________

Home Address: ____________________________   City, State Zip: ____________________________

Home Phone: ____________________________   Student's Cell Phone: ____________________________

• Student’s Driver’s License or State ID #: ____________________________ Valid: Y/N

Emergency Contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home/ Work/ Cell Phone #</th>
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• Have you ever been arrested?    Y/N
• Have you included your mandatory 1 letter of recommendation with this application?    Y/N
• Have you included a copy of your school transcript documenting your GPA?  Y/N
• Have you included your emergency notification and video release forms?  Y/N

School/Community Civic Activities:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Leadership Positions Held:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please tell us why you feel you should be selected for this academy:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

• I have read and understand the criteria for selection to the SRS Academy.

Student Signature:__________________________________________________________
Print Name: _______________________________________________________
Parent/Guardian Signature: _________________________________________