SOUTHEAST AMERICAN COLLEGE OF SPORTS MEDICINE

LEADERSHIP AND DIVERSITY TRAINING PROGRAM

The purpose of the SEACSM Leadership and Diversity Training Program (LDTP) is to encourage SEACSM student members from minority groups underrepresented in the sciences to participate in activities that will lead to increased ACSM service, enhanced pathways to degree completion, and successful mentored experiences. A participant may only participate in the program for one year. These awards are for $500 each.

**Eligibility**

All applicants must meet the following criteria:

1. Be a member of a racial or ethnic minority group that is underrepresented in the sciences by the NIH: American Indian or Alaska Native, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander.
2. Be a citizen, citizen national or permanent resident of the U.S.
3. Be currently enrolled in a program in sports medicine, exercise science, epidemiology, or a related field.
4. Be presenting at the SEACSM Meeting for which you are applying.

REQUIRED APPLICATION MATERIALS

1. Your completed and signed application form will be evaluated for professional appearance. We will be looking for neatness, accuracy, and professional presentation.
2. Two references must be provided: a) Letter of recommendation and b) Evaluation form must be completed by both references.
3. A brief description (1000 words maximum) on how this award will help you and your future plans to contribute to ACSM and SEACSM.
4. A current Curriculum Vitae.
5. All materials must be emailed to Dr. Mike McKenzie at [mckenziemi@wssu.edu](mailto:mckenziemi@wssu.edu) by 5pm on January 29th, 2019.

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**APPLICATION FORM**

**Please complete and return by email with other application materials.**

RACIAL OR ETHNIC IDENTITY (Please check all that apply):

Hispanic or Latino  American Indian  Alaskan Native

Native Hawaiian or Other Pacific Islander  Black or African American

NAME:

MAILING ADDRESS:

TELEPHONE NUMBER:

FAX NUMBER:

EMAIL:

AREA OF INTEREST:

PRESENT EMPLOYER/INSTITUTION:

EDUCATION HISTORY

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Degree** | **Research/Service Area** | **Date Received/Anticipated** |

2 RECOMMENDERS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Institution** | **ACSM**  **Fellow?**  **(Y or N)** |

Recommender #1

Recommender #2

**AMERICAN COLLEGE OF SPORTS MEDICINE**

**LEADERSHIP & DIVERSITY TRAINING PROGRAM**

If accepted, I will:

* Arrive at the SEACSM Annual Meeting on Thursday by 2pm and attend all required activities through Saturday at noon. If not able to commit to these requirements, then I will not agree to participate in the program.
* Receive a free one year SEACSM membership including member benefits
* Receive $500 towards travel expenses
* Learn about SEACSM leadership structure
* Participate in recruitment activities in my region
* Submit a final report regarding activities for the year. (Report due by January 1, 2019)

I will also work toward the following outcomes:

* Becoming more familiar with ACSM leadership structure
* Will accept being introduced to and interact with SEACSM leaders and potential future leaders
* Play a significant role in recruiting other students of ethnically diverse backgrounds into the profession and have an important role in enhancing SEACSM membership

Signature       Date

**The signature of the applicant above confirms that the information stated in this application is the truth.**

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**GUIDELINES FOR LETTER OF RECOMMENDATION**

**RECOMMENDER #1**

**Instructions for completion of letters of recommendations for program: Please note that the applicant will be scored based on your letter of recommendation as well as your responses in the evaluation form below. If either the letter or evaluation is not included, the applicant will lose all points on that category. Please send an email with the attached recommendation letter and the evaluation form to mckenziemi@wssu.edu. In the subject line please write the applicant’s name and ‘LDTP.” Thank you.**

1. Please include in body of letter:

Applicant’s Name

Your Name

Title/Position/Institution

Whether you are an ACSM member

Whether you are an ACSM Fellow

1. Please provide the following information:

How long and in what capacity have you known the applicant?

Describe the quality of the applicant’s work.

What is the applicant’s level of productivity?

Please evaluate the applicant’s level of interest and long-term potential to contribute to ACSM.

1. In the letter please rate the applicant according to:

General Knowledge

Leadership Skills

Persistence Toward Goals

Maturity

**AMERICAN COLLEGE OF SPORTS MEDICINE**

**LEADERSHIP & DIVERSITY TRAINING PROGRAM**

**EVALUATION FORM**

**RECOMMENDER #1**

The purpose of the SEACSM Leadership & Diversity Training Program is to encourage candidates who are also SEACSM student members from minority groups underrepresented in the sciences to participate in activities that will lead to increased ACSM service, enhanced pathways to degree completion and successful post-terminal degree experiences.

**Please note that the applicant will be scored based on your responses to the items below, as well as your letter of support. If both the evaluation form and letter of recommendation are not included, the applicant will lose all points on that category. Please send an email with the completed evaluation form and letter of recommendation to** [**mckenziemi@wssu.edu**](mailto:mckenziemi@wssu.edu)**. In the subject line please write the applicant’s name and “LDTP.” Thank you.**

Applicant’s Name:      Date of Evaluation:

Recommender’s Name:

**Please rank the following as 5=highest, 0=lowest**

1. Applicant’s long-term interest in an ACSM-related career
2. Applicant’s potential to contribute to ACSM

(e.g. presentations of papers and involvement in peer and public education,

serving in a leadership capacity, serving on ACSM committees)

1. Applicant’s leadership skills
2. Applicant’s scholarly activity (including work ethic, quality and productivity)

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**LEADERSHIP & DIVERSITY TRAINING PROGRAM**

**GUIDELINES FOR LETTER OF RECOMMENDATION**

**RECOMMENDER #2**

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**EVALUATION FORM**

**RECOMMENDER #2**

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