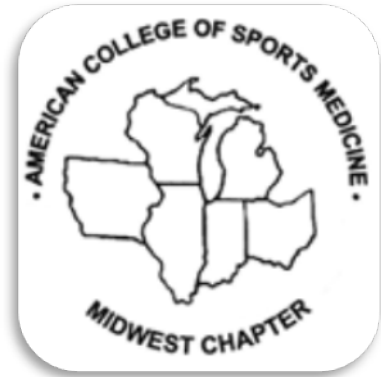


American College of Sports Medicine

Midwest Chapter

Leadership and Mentoring Program

LEVEL 2



General Information

Name

Date

Year of MWACSM (or other regional chapter) Membership (if applicable)

Racial or Ethnic Identity (please select all that apply)

Hispanic or Latino

Asian

American Indian

Native Hawaiian or Other Pacific Islander

Caucasian

Black or African American

Street Address

City

State

Zip

Phone () -

E-mail

Qualifying Questions (select all that apply)

I am a citizen, citizen national or permanent resident of the U.S. or Canada

I am currently enrolled in a Master or Ph.D. program in a sports medicine (e.g., Athletic training, occupational therapy, or physical therapy), exercise science, activity epidemiology, or a related field OR a M.D. or D.O. program

Educational Background

| | Institution | Degree | Research/Service Area (if applicable) | Date Received/ Anticipated |
|---|-------------|--------|--|-------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

References

| | Name | Institution | MWACSM Member | ACSM Fellow |
|---|------|-------------|---------------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

**Please note that you only need two references listed above*

Additional Application Material

In addition to the information above, please use the following checklist as a reminder of the required items to be e-mailed to the Chair of the MWACSM Leadership Ad Hoc Committee by the application deadline of September 15 to be considered as a candidate

Completed application form

A current CV or resume

Two letters of recommendation, one of which is from the student's advisor or from another, department chair, academic dean, or individual who is familiar with the applicant's capabilities and work ethic. Your references can send your letters directly to the Chair of the MWACSM Leadership and Mentorship Ad Hoc Committee

A summary of how you intend to exhibit your dedication to the goals and long-range activities of MWACSM and ACSM (see next page; Summary Statement)

If applicable, a summary of participation in professional development activities especially those associated with service to MWACSM. (see next page; Summary Statement)

Summary Statement

In the following spaces, please provide a description of how you intend to exhibit your dedication to the goals and long-range activities of MWACSM (1200-word maximum). For example, committees on which you would like to serve, participation in annual meeting activities, or anything else that describes your desired future MWACSM participation. Please be as specific as possible.

Also, if applicable, include a summary of participation in professional development activities especially those associated with service to MWACSM.

Please read the following and select those items in which you agree and understand

If accepted, I will:

- Be assigned a mentor (ACSM Fellow for Ph.D. level)
- Receive registration for and attend the MWACSM Annual Meeting
- Receive a free year MWACSM membership including member benefits
- Learn about MWACSM leadership structure and participating in regional and national meetings
- Participate in recruitment activities and other duties as assigned by the MWACSM Board of Directors or Ad Hoc Leadership Committee
- Submit a final report regarding activities for the MWACSM Annual Meeting. (Report due two weeks after the last day of the MWACSM Annual Meeting)
- Submit a final report regarding activities for the year (Report due September 1 of the following year)

I will also work toward the following outcomes:

- Becoming more familiar with MWACSM and ACSM leadership structure
- Being willing to be introduced to and interact with MWACSM leaders and potential future leaders
- Playing a significant role in recruiting other students of into the profession and have an important role in enhancing MWACSM membership
- Being willing to consider applying for the Level 3 program upon completion of Level 2
- Attending the next MWACSM Annual Meeting

By typing my full name below, I confirm that the information in this application is truthful.

Applicant's Typed Signature

Please submit this completed application form by saving the document and emailing it to Chairperson. Please also send the additional application material outlined above by the September 15th deadline in order to be considered.

Thank you for your application and we will be in touch soon!

MWACSM Leadership and Mentoring Program Committee