



Lifting Leaders Program

APPLICATION

Name _____

Home Address _____

Current Address _____

Phone _____

Email _____

Institution _____

Institution Address _____

GPA on a 4.0 scale _____

Political Party Affiliation * _____

(*this information will be used solely to better pair you with a mentor & will not affect your entrance into the program)

1. Please list and briefly describe your involvement in campus activities, community and/or political activities, and volunteer activities.
2. In 200 to 500 words, describe what public service means to you. How do you see yourself in a public service role in the future?
3. In 200 to 500 words, identify an issue that faces your community that needs to be addressed. What are some possible solutions that could help the situation?
4. Attach a resume and transcript to your application.
5. Include ONE letter of recommendation.
6. Each recommender must fill out the recommendation form, sign it, and return it along with the recommendation letter to the Stennis Center.

Please complete the application and mail or fax it to the Stennis Center at:

MAIL: P.O. Box 9629
Mississippi State, MS 39762

FAX: 662.325.8623

Applicant's Signature

Date