# STUDENT ATHLETE ADVISORY COMMITTEE APPLICATION



#### VISION

The New York State Public High School Athletic Association (NYSPHSAA) Student Athlete Advisory Committee (SAAC) was developed to give student-athletes a voice within the NYSPHSAA. The committee will discuss topics relevant to high school student-athletes and develop ways to maintain a positive athletic experience. Each committee member is expected to exemplify leadership while providing feedback on and promote all NYSPHSAA Special Programs, including but not limited to, Scholar Athlete, Sportsmanship, Life of an Athlete, Student Leadership, and Community Service.

### SELECTION CRITERIA

The NYSPHSAA SAAC is comprised of 22 members, 2 members from each of the 11 sections. Selected SAAC members will come from a diverse pool of rising high school juniors and seniors (only) who meet the following criteria:

- Meet all eligibility standards as outlined in the NYSPHSAA Handbook
- Possess leadership characteristics
- Excellent Academic Standing
- Viewed as positive role models in school and community
- Capable of working with students from a variety of social groups

## MEETING DATES

SAAC members are expected to "attend" all meetings <u>and</u> the New England Student Leadership Conference in mid-late July. Meetings will be held via **teleconference**. The **TENTATIVE** schedule is as follows:

- Sunday, October 2nd @ 7:00pm
- Sunday, December 4th @ 7:00pm
- Sunday, April 2nd @ 7:00pm
- Sunday, June 11th @ 7:00pm
- Mid or Late July Date TBD Attendance at the New England Student Leadership Conference

THIS FILE IS A WRITABLE PDF. WHILE COMPLETING THE APPLICATION, PLEASE BE SURE TO SAVE YOUR CHANGES BEFORE PRINTING TO COLLECT SIGNATURES.

# Applicant Information

Last Name		First Name			M.I.
Birth Date		Ethnicity(op	otional)	Gender	
E-mail Address			Name of School		
Grade	GPA		Section		
Street Address			Street Address L:	ine 2	
City			State	Zip Code	
Home Phone Number			Cell Phone Number	r	
List the Varsity Sports you are currently involved in:					

## Parent/Guardian Information

Parent/Guardian First Name Parent/Guardian Last Name

Parent/Guardian Phone Number Parent/Guardian E-mail

# **Essay Questions**

Please answer the following questions using 200 words or less.

Describe some experiences that have prepared you to be an effective leader on the NYSPHSAA Student Athlete Advisory Committee. What qualities do you have to offer the committee?

Why do you want to be a member of the NYSPHSAA SAAC?

Please list any School Activities (include scholastic, extracurricular & civic activities and the grade in which you participated.

## References

Please list names and contact information for TWO references.

Reference 1 First Name F

Reference 1 Last Name

Reference 1 Occupation

Reference 1 Phone #

Reference 1 E-mail

Reference 2 First Name

Reference 2 Last Name

Reference 2 Occupation

Reference 2 Phone #

Reference 2 E-mail

Principal/Athletic Director Signatures						
Principal Signature	Date					
Athletic Director Signature	Date					
Parent/Guardian Signature  I give my permission and pledge my cooperation to assist my son/daughter as a member of the NYSPHSAA SAAC if selected.  Date						
Applicant Signature						
I am willing to give sufficient time from my personal activities to devote time and energy to the duties of NYSPHSAA SAAC if selected. I pledge to follow all rules of NYSPHSAA and of my school. By signing below, I am committing to attend the teleconference dates and the NESLC listed on page 1 of the application.  Date						

Applications are due Monday, September 12th, 2016.

Please submit applications via the mail to NYSPHSAA Special Programs Coordinator, Kristen Jadin at 8 Airport Park Blvd, Latham, NY 12110. The final selection will be made by Monday, September 26th, 2016. The selected members will be informed and sent information regarding SAAC responsibilities.

\*If you have any questions please feel free to e-mail Kristen Jadin at kjadin@nysphsaa.org.\*