

AS Committees Student Application Screening Form



**Name of
Committee:**

	Evaluation Key:	N = Shows No Evidence Of	Y= Shows Evidence Of (1= Minimal Evidence, 5=Strong Evidence)
Name of Applicant:	Expresses a genuine interest or passion for the subject of the committee's work.	Shows the ability to work collaboratively and respectfully with others of diverse identities and backgrounds.	Has previous experience in leadership roles or community involvement, or a genuine interest in doing so.
1			
2			
3			
4			

Name of Evaluator: _____

