Graduating Students
Special Recognition Award
Application Materials

2014

Standing Committee on Ceremonies
and Rituals
PURPOSE
The purpose of this award is to recognize the academic achievement and voluntary activities of students enrolled at WCCCD. **This is a competitive award** and the selected recipients will be notified by mail.

CONDITIONS OF ELIGIBILITY
To be eligible for this award, you must have a 3.5 overall GPA or higher and have performed voluntary, non-paid work in the community and/or at WCCCD.

PROCEDURES
The student must complete and sign the Biographic Questionnaire and the handwritten reply to both of the two essay questions. In addition, the student must have a letter(s) of verification for the voluntary, non-paid work from the community agency and/or from WCCCD. (Note: Work-study does not qualify as voluntary work.)

NOMINATION MATERIALS
Nomination materials can be obtained from the Student Services Office at each campus.

These materials include:
1. Nomination Materials Checklist
2. Biographic Questionnaire
3. Essay Questions Form

NOMINATION DEADLINE
MATERIALS MUST BE RECEIVED OR POST MARKED NO LATER THAN **4:00 P.M., APRIL 25, 2014.**

NOTE: MATERIALS CANNOT BE SUBMITTED BY FAX.
GRADUATING STUDENTS
SPECIAL RECOGNITION AWARD
NOMINATION MATERIALS CHECKLIST

All documents listed below must be sent to the following address:

Committee on Ceremonies and Rituals
c/o Office of the Chancellor
Wayne County Community College District
801 West Fort Street
Detroit, Michigan 48226

MATERIALS MUST BE RECEIVED OR POST MARKED NO LATER THAN
FRIDAY, APRIL 25, 2014
MATERIALS CANNOT BE SUBMITTED BY FAX.

NOMINATION MATERIALS THAT ARE RECEIVED LATE OR INCOMPLETE
WILL RESULT IN THE AUTOMATIC DISQUALIFICATION OF THE APPLICATION.

1. [ ] Completion of Biographical Questionnaire

2. [ ] Handwritten response to essay questions

3. [ ] Letter(s) of verification of voluntary, non-paid service from community agency and/or WCCCD
BIOGRAPHICAL QUESTIONNAIRE

The following questions concern your background, interests and plans. (Please do NOT attach additional material except for the letter(s) of verification as stated under the procedures.)

1. Name: __________________________________________________________________________________________________

2. Student Identification Number: ________________________________________________________________________________

3. Legal residence: __________________________________________________________________________________________
   Number                                      Street                                      Apartment Number
   City                                        State                                      Zip

4. Telephone: Home ____________________________________ Work __________________________________________

5. E-mail Address: ____________________________________________________________

6. When did you first enroll at WCCCD? ____________________________________________

7. Program intent or major? ______________________________________________________

8. After graduating from WCCCD, do you plan to transfer to a 4-year college or university?  Yes □ No □

9. If yes, name the institution: ________________________________________________________________________________

10. If yes, what is your area of study? _____________________________________________

11. List participation in WCCCD activities, such as Phi Theta Kappa, dramatics, music, art, athletics, student government, & clubs:

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<tr>
<th>College Activities</th>
<th>Dates Participated</th>
<th>Office Held</th>
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Page 1
12. List community activities in which you have participated without pay, such as church work, non-profit organizations, outreach programs, PTA, etc:

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<tr>
<th>TYPE OF WORK</th>
<th>DATES PARTICIPATED</th>
<th>AGENCY OR ORGANIZATION</th>
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13. List participation in honors organizations and honors programs:

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<th>TITLE OF PROGRAM</th>
<th>DATES PARTICIPATED</th>
<th>AGENCY OR ORGANIZATION</th>
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14. List honors, awards and scholarships given for academic or technical education accomplishments:

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<th>HONOR/AWARD</th>
<th>DATES PARTICIPATED</th>
<th>SCHOOL OR AGENCY</th>
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15. Scholarships Received (Include WCCCD)

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Please review this form to make sure you have answered all the questions completely.

Signature: ___________________________ Date: ________________
ESSAY QUESTIONS FORM

Answer each of the following questions in 300 words or less. Please write (do NOT type) your answer on this sheet.

1. How has Wayne County Community College District made a difference in your life?

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Second question on reverse
2. What are your goals for the future?

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Signature: ____________________________________________________ Date: ________________________________________