

**OUTSTANDING LEADERSHIP AWARD**

**2023 / 2024**

**APPLICATION FORM**

**Please fill out the form according to the guidelines below:**

Attach your photo here

1. Handwritten forms need to be filled out neatly and clearly readable. Printed format is preferred.
2. Please attach all relevant documents/evidence of your achievements (i.e. certificates, reports)
3. Each candidate is only eligible to win one award.
4. The decision of the judging panelists are final and no correspondence will be entertained.

**APPLICANT’S PARTICULARS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | : |  |  | **Student ID** | : |  |
| **IC/Passport No** | : |  |  | **Faculty** | : |  |
| **Contact Number** | : |  |  | **Course** | : |  |
| **Email Address** | : |  |  | **Year / Sem** | : |  |

**SECTION A: ACADEMIC ACHIEVEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Latest CGPA** | : |  | *Please attach your latest Examination Result Slip* |

**SECTION B: CO-CURRICULAR ACHIEVEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Accumulated USSDC Points** | : |  | *Please attach your latest USSDC summary / report* |

**SECTION C: LEADERSHIP ACHIEVEMENTS**

Please identify your **ONE (1) most** significant leadership role in a student body / organization for a minimum duration of service 6 months of the assessment year (1 April – 31 March). You are required to include relevant reports, income statements and minutes of meetings for the duration of service.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Body / Organisation Name** | : |  | | | | |
| *Full name of the Student Body / Organisation represented* | | | | | | |
| **Position / Role** | : |  |  | **Level / Scope** | : |  |
| *Full title of position held* | | |  | *District / State / National / International* | | |
| **Service Duration** | : |  |  | **Reason for Termination** | : |  |
| *Full service duration (since assuming position)* | | |  | *If service duration is less than 12 months (1 year)* | | |
| **Achievements in Service (Itemized)** | : |  | | | | |
| *You may be required to provide sufficient evidence for achivements declared* | | | | | | |

**SECTION D: IMPACT**

Please identify **TWO (2) most** impactful projects / initiatives (may not necessarily be related to your role declared in Section D) in a leadership position (e.g. Chairperson / Vice Chairperson, Senior Committee – i.e. Dept. Manager) completed during the assessment year (1 April – 31 March). You are required to attach relevant activity and financial reports for the initiatives submitted.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project / Initiative Name / Title** | : |  | | | | |
| *Full name of the Student Body / Organisation represented* | | | | | | |
| **Position / Role** | : |  |  | **Level / Scope** | : |  |
| *Full title of position held* | | |  | *District / State / National / International* | | |
| **Achievements / Impact (Itemized)** | : |  | | | | |
| *You may be required to provide sufficient evidence for achievements declared* | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project / Initiative Name / Title** | : |  | | | | |
| *Full name of the Student Body / Organisation represented* | | | | | | |
| **Position / Role** | : |  |  | **Level / Scope** | : |  |
| *Full title of position held* | | |  | *District / State / National / International* | | |
| **Achievements / Impact (Itemized)** | : |  | | | | |
| *You may be required to provide sufficient evidence for achievements declared by the panelists* | | | | | | |

**SECTION E: UTAR CARE Hours**

|  |  |  |  |
| --- | --- | --- | --- |
| **Accumulated UTAR CARE Hours** | : |  | *Please attach your latest UTAR CARE Hours summary / report* |

**DECLARATION**

I hereby declare that all information submitted with this application is accurate and true, failing which I may be subject to disqualification if any of my declarations made are found to be fabricated, amended or invalid in any way. I shall respect the decision of the panel with regards to the outcome of the results.

Witnessed / Received By,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : DSA Staff PIC : Stamp

Date : Date :