

# Queer Influencer Program

## Student Application

### Contents:

- Welcome Letter
- Application Criteria & Expectations
- Application Process
- Application
- Acceptance Requirements

The mission of the Queer Influencer program is to inspire the next generation of LGBTQ leaders by engaging students with opportunities to enhance confidence, health, innovation, problem solving, and engagement in their communities.

Hello,

Iowa Safe Schools  
ATTN: Queer Influencer Program  
P.O. Box 704  
Des Moines, IA 50303



We are thrilled that you are interested in becoming a Queer Influencer! Please fill the following packet out in its entirety and return to Dana Van Renterghem, Queer Influencer Program Director by May 29<sup>th</sup>, 2020. Be sure to read each section carefully and fully. Packets must have all appropriate signatures and information disclosed for a student to be an eligible candidate for the Queer Influencer Program. Applications can be returned in the following ways:

1. Email completed packets in .PDF or .DOCX format to [Kaylyn@iowasafeschools.org](mailto:Kaylyn@iowasafeschools.org)
2. Mail a physical copy of the completed packet to:

**Iowa Safe Schools**

**ATTN: Queer Influencer Program**

**P.O. Box 704**

**Des Moines, IA 50303**

Candidates will be notified by June 9<sup>th</sup>, 2020, with announcement to the public thereafter. Candidates who are accepted must respond to acceptance letters within 5 business via email. There is a \$25 acceptance fee due at the welcome session on August 29<sup>th</sup>, 2020 if a student is accepted to the program. If the acceptance fee is a barrier to a student accepting a seat in the cohort, please email the Program Directors to request a scholarship application.

Application and supportive information must be received by **Friday, May 29<sup>th</sup>, 2020 by 8:00AM.**

Best,

*Kaylyn Fisher*

Queer Influencer Program Director

## **Application Criteria**

- Out members of the LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer, or Questioning) community or vocal Ally students are eligible to apply if they meet the following requirements:
  - Students must be entering their Junior or Senior year of high school (11<sup>th</sup>-12<sup>th</sup> grade)

- Excited to influence their community and create positive change
- Must have made significant contributions to the LGBTQ community.
- Sincerely interested in learning leadership skills and professionalism in networking
- Commitment to attendance and completion of the program
- Enthusiastic about forming connections with business and non-profit leaders in Iowa
- Must be able to provide two letters of reference that are NOT from a friend or family member:
  - One from a school staff member (teacher, counselor, principal)
  - One from a community member who has worked with the student (work supervisor, church leader, etc.)

## Requirements of Award Recipient

- If selected for the Queer Influencer Program, the student candidate agrees to:
  - Commit to attending all workshop dates and stay for the entire session, as outlined on the posted schedule. Transportation arrangements should be prearranged for prompt arrival and departure
  - Attend the welcome session, capstone, and graduation ceremony. Students unable to attend any of these sessions are asked not to submit an application to the program
  - Check their email often for any correspondence from the Program Directors and respond promptly and professionally
  - Miss NO MORE than two sessions throughout the 10-week program, and make up any missed workshops with a pre-approved independent study project
  - Provide written notice of any workshops that will be missed at least one week in advance
  - Display professionalism during the program and be actively engaged in each workshop and guest speaker session
  - Adhere to business or business casual dress code for each workshop

- Complete any out-of-session assignments on time
- Attend the Iowa Safe Schools Spirit Awards gala in October 2020
- Attend at least one additional Iowa Safe Schools event throughout the 2020-2021 school year
- Continue to be involved with the LGBTQ community on their campus

## Application Process

The following materials must be submitted electronically or by mail to the address listed below. All materials for each applicant must be submitted at one time and will not be returned. Only fully completed applications will be considered for the Queer Influencer Program.

Candidates will be notified by June 9<sup>th</sup>, 2020, with announcement to the public thereafter. Candidates who are accepted must respond to acceptance letters within 5 business via email. There is a \$25 acceptance fee due at the welcome session on August 29<sup>th</sup>, 2020 if a student is accepted to the program. If the acceptance fee is a barrier to a student accepting a seat in the cohort, please email the Program Directors to request a scholarship application.

Application and supportive information must be received by **Friday, May 29<sup>th</sup>, 2020 by 8:00AM.**

### Please include:

- A fully completed and signed application.
- Completed and signed release forms
- Essays as outlined in the application
- A one-page cover letter explaining the student's interest in participating in the Queer Influencer Program.
- The student's current resume with emphasis on community and school involvement.
- Two letters of recommendation as outlined in the Application Criteria section.

Candidate Application



Student Name:

\_\_\_\_\_
First Middle Last

Name Student will go by during Queer Influencer Program:

\_\_\_\_\_

Student's Gender: \_\_\_\_\_

Birth Date \_\_\_\_\_ Age as of August 29th, 2020: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

To Parent(s)/Guardian(s): Please COMPLETE this Candidate Health Information Form below and return to Iowa Safe Schools. Attach additional information if needed. Forms may be emailed to Kaylyn@iowasafeschools.org, or mailed to P.O. Box 704, Des Moines, IA 50303.

Student's Home Address:

\_\_\_\_\_
Street Address City State Zip Code

Please Check One: [ ] Parent [ ] Guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Preferred Phones: ( ) ( )

Email: \_\_\_\_\_

Home Address:

(If different from above) \_\_\_\_\_
Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Preferred Phones: ( ) ( )

Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Preferred Phones: ( ) ( )

Allergies: [ ] No known allergies. [ ] This camper is allergic to: [ ] Food [ ] Medicine [ ] The environment (insect stings, hay fever, etc.) [ ] Other (Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition:

- [ ] This student has no dietary restrictions
[ ] This student is a vegetarian
[ ] This student is a vegan
[ ] This student is kosher
[ ] This student is lactose intolerant
[ ] This student is gluten intolerant/gluten free
[ ] Other, please explain in space to the right.

Note: If students do not disclose dietary needs/restrictions, they will be counted as eating a standard meal that is provided.

**Restrictions:**

- I have reviewed the program and activities of the Queer Influencer Program and feel the student can participate without restrictions.
- I have reviewed the program and activities of the Queer Influencer Program and feel the student can participate with the following restrictions or adaptations.  
*(Please describe below.)*

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Insurance Information:**

This student is covered by family medical/hospital insurance  Yes  No

**Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.**

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the student to whom it pertains. The person described has permission to participate in all activities except as noted by me and/or an examining physician. I give permission to the physician selected by the organization to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with program staff. I give permission to photocopy this form. In addition, the Queer Influencer Program has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

# STUDENT HEALTH HISTORY FORM 1

Developed and adapted from: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Student Name: \_\_\_\_\_

First

Middle

Last

Birth Date: \_\_\_\_\_

Month/Day/Year

**Medication:**

- This student will not take any daily medications while attending.  
 This student will take the following daily medication(s) while attending:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please contact Queer Influencer Program Directors regarding instructions about required packaging/containers. The Queer Influencer Program requires original pharmacy containers with labels which show the student's name and how the medication should be given.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Other time: _____		

**Cross out any non-prescription medication the student should NOT be given.**

- |   |  |
|---|--|
| Acetaminophen (Tylenol)                                   | Ibuprofen (Advil, Motrin)                    |
| Phenylephrine decongestant (Sudafed PE)                   | Pseudoephedrine decongestant (Sudafed)       |
| Antihistamine/allergy medicine                            | Guaifenesin cough syrup (Robitussin)         |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray   | Generic cough drops                          |
| Antibiotic cream  |  |
| Epinephrine (Epi-Pen)                                     |  |

Please list side effects caused by any medication the student will be taking throughout the Queer Influencer Program:



# STUDENT HEALTH HISTORY FORM 2

Developed and adapted from: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Student Name:

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Last

Birth Date:

\_\_\_\_\_ Month/Day/Year

**Please note that answers to any of the below questions does not automatically disqualify a camper from attending the Queer Influencer Program.**

**General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the student:

- |  |   |
|--|---|
| 1. Ever been hospitalized? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                        | 12. Had fainting or dizziness? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| 2. History of Migraines?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                           | 13. History of suicide attempts?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                          |
| 3. Ever had surgery? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                              | 13. Passed out/had chest pain during exercise? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| 4. Have recurrent/chronic illnesses? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No              | 14. Had mononucleosis ("mono") during the past 12 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent infectious disease? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No               | 15. Have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| 6. Had a recent injury? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                           | 16. Have problems with falling asleep/sleepwalking? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 7. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No        | 17. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 8. Have diabetes? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                 | 18. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 9. Had seizures? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                  | 19. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| 10. Had headaches? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                | 20. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| 11. Wear glasses, contacts, or protective eyewear?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No    |

**Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

**Mental, Emotional, Social Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.**

Has/does the student:

1. Have a history of/current diagnosis of depression?.....  Yes  No
2. Have a history of/current diagnosis of an eating disorder?.....  Yes  No
3. Have a history of running away?.....  Yes  No
4. Have a history of/currently engages in self-harm? .....  Yes  No
5. Have a history of/currently experiences panic/anxiety attacks?.....  Yes  No
6. Have a history of/currently engages in violent outbursts? .....  Yes  No
7. Have a history of/currently experiences sexual trauma? .....  Yes  No
8. Have a history of/currently experiences violent trauma? .....  Yes  No
9. Have a history of/currently experiences suicidal ideation? .....  Yes  No
10. Have a history of/currently experiences PTSD? .....  Yes  No
11. Have a history of/currently experiences anxiety associated with loud noises? .....  Yes  No
12. Have a history of/currently engages in substance misuses? .....  Yes  No
13. Have a history of/currently in foster care or DHS placement? .....  Yes  No

**Please explain "Yes" answers in the space below**, noting the number of the questions

**Mental, Emotional, and Social Health:** Please explain any significant information about life events that continually affect the student's life, of which you feel Queer Influencer Program staff should be aware of.

**Health-Care Providers:**  
Name of student's primary doctor(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of dentist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Name of orthodontist(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**What Have We Forgotten to Ask?** Please provide in the space below any additional information about the student's health that you think important or that may affect the student's ability to fully participate in the program. **Attach additional information if needed.**

# Emergency Contact Information Form

**This information will be extremely important in the event of an accident or medical emergency.  
Please be sure to sign and date this form**

**Name:** \_\_\_\_\_  
Last First MI

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Primary Emergency Contact Name:** \_\_\_\_\_  
Last First

**Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Secondary Emergency Contact Name:** \_\_\_\_\_  
Last First

**Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Preferred Local Hospital:** \_\_\_\_\_

## Insurance Information

**Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Comments** (include **any** special medical or personal information you would want an emergency care provider to know, including allergies – or special contact information)

**Signature, parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Photo Release Form

Iowa Safe Schools  
P.O. Box 704  
Des Moines, IA 50303

Permission to Use Photograph & Media

Subject: Queer Influencer Program

I grant to GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), its representatives and employees the right to take photographs or other electronic media of me and my property in connection with the above-identified subject. I authorize GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools) may use such photographs or other electronic media of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above, and my signature below indicates that I agree to the above photo/media release:

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature, parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES

ASSOCIATED WITH GLBT Youth in Iowa Schools Task Force, (doing business as Iowa Safe Schools), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in these activities, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activities in which I may participate, and that it will govern my actions and responsibilities at said activities.

In consideration of my application and permitting me to participate in these activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Iowa Safe Schools, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools) and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that activities may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

I hereby hold harmless the GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), from any interpersonal relationships that may occur during the duration of Pride Camp or thereafter, or any other GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools) events. This includes interpersonal relationship between campers and counselors.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

---

Participant's Signature	Date	Participant's Name	Age
-------------------------	------	--------------------	-----

(Please print legibly.)

---

Parent/Guardian Signature	Date	Parent/Guardian Name
---------------------------	------	----------------------

(If under 18 years old, Parent or Guardian must also sign.)

Iowa Safe Schools  
ATTN: Queer Influencer Program  
P.O. Box 704  
Des Moines, IA 50303



## QUEER INFLUENCER PROGRAM RULES CONTRACT

The Queer Influencer Program is designed to build the LGBTQ leaders of tomorrow! The mission of the Queer Influencer Program (QIP) is to inspire the next generation of LGBTQ leaders by engaging students with opportunities to enhance confidence, health, innovation, problem solving, and engagement in their communities.

In order to create and maintain a welcoming and meaningful space for all participants, we ask that all participants sign this contract and agree to follow the below Rules and Program Norms.

1. I agree to respect the names and pronouns that participants have at the QIP, and will not question anyone's identity
2. I agree to participate fully to the best of my ability for each activity and out-of-workshop assignment
3. I agree to attend all workshop sessions for the 10-week program, and arrive on time
4. I agree that if I am not able to attend a session, I will send a prompt and professional email as soon as possible to the QIP Directors
5. I agree to not engage in any behavior at or during the QIP that will put myself, other participants, or QIP staff or speakers in any danger
6. I agree that I will communicate respectfully with everyone in attendance at QIP, including other participants, staff, and speakers
7. I agree to have a positive attitude at QIP!
8. I agree to follow the business or business casual dress code at all QIP functions or activities
9. I agree to treat the QIP facilities with respect, and will pay for any damages caused by me or my behavior
10. I agree to follow directions given to me by any QIP staff member or guest speaker
11. I agree to be respectful of the personal space and boundaries of all QIP participants
12. I agree that I understand what is expected of me at QIP, what the atmosphere will be like, and I feel ready to participate fully as an active member of the QIP community.

**I understand that failure to comply with these rules may result in dismissal from the Queer Influencer Program, and that no refunds will be given.**

**Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Verification of Full Disclosure

I hereby hold harmless the GLBT Youth in Iowa Schools Task Force (doing business as Iowa Safe Schools), from any consequences associated with undisclosed information in this packet



regarding my camper or anything that may impact my camper’s ability to attend the Queer Influencer Program.

This Verification of Full Disclosure Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I CERTIFY THAT I HAVE FULLY DISCLOSED ANY AND ALL INFORMATION ABOUT THE STUDENT, INCLUDING BUT NOT LIMITED TO PHYSICAL, MENTAL, SOCIAL, EMOTIONAL, OR BEHAVIORAL WELLBEING/CONDITIONS THAT MAY IMPACT THEIR ABILITY TO ATTEND THE QUEER INFLUENCER PROGRAM. I CERTIFY THAT I AM THE LEGAL CUSTODIAN OF THE STUDENT, AND AM ABLE TO GIVE CONSENT ON ALL ITEMS IN THIS REGISTRATION PACKET. I UNDERSTAND THAT WITHHELD INFORMATION MAY RESULT IN STUDENTS BEING REQUIRED TO LEAVE THE QUEER INFLUENCER PROGRAM EARLY THROUGH A PHONE CALL TO THE FIRST EMERGENCY CONTACT LISTED. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_

Camper Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Essay Questions**

Answer each of the following questions in no more than 250 words. Remember to type your answers!

1. Describe an individual (either from your life or from history) who you believe is/was a great leader. Why did you choose them, and what makes them a great leader?
2. How do you see yourself growing through participating in the Queer Influencer Program? In what areas do you hope to grow as a leader?
3. How do your values align with the values of the Queer Influencer Program? (*Inspiring students to create positive change in their communities; Developing students into active participants in their communities and schools; Amplifying student voices in leadership roles*)
4. What does it mean to be a queer influencer?

## **Letters of Recommendation**

Two letters of recommendation must be submitted on an applicant's behalf to finalize the application process. Please direct referrals to the online submission form, here:

<http://bit.ly/qipletter>

Remember, letters must meet each of the following categories:

- One from a school staff member (teacher, counselor, principal)
- One from a community member who has worked with the student (work supervisor, church leader, etc.)