|  |  |
| --- | --- |
|  | *Montana Association* of *School Psychologists* |

# Exemplary Student Action Award

## Demographic Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email:  |  |

|  |  |
| --- | --- |
| Name of University Graduate Program: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Member of MASP in good standing? | YES[ ]  | NO[ ]  |  Are you a doctoral candidate? | YES[ ]  | NO[ ]  |
| Current Member of NASP? | YES[ ]  | NO[ ]  | Are you currently on Internship? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are you a full-time student (taking >9 graduate credits hours/semester)? | YES[ ]  | NO[ ]  |  Are you currently taking courses to  re-specialize? |

|  |  |
| --- | --- |
| YES[ ]  | NO[ ]  |

 |

## Leadership in Research

If conducting research, please fill out the section below.

|  |  |
| --- | --- |
| Title of Research Proposal: |  |

|  |  |  |
| --- | --- | --- |
| Is your research currently funded by another institution? (i.e., NIH, U of M, NASP, etc.) | YES[ ]  | NO[ ]  |

|  |  |
| --- | --- |
| If “Yes,” please list affiliations here: |  |

## Leadership on Campus

If participating in outreach related to campus events/school psychology program activities, please fill out the section below.

|  |
| --- |
|  |
|  |
|  |

## Leadership in the Community

If participating in community outreach or other projects, please fill out the section below.

|  |
| --- |
|  |
|  |
|  |

|  |
| --- |
| *The information contained in this application form is true to my knowledge. The copies of all enclosed materials are true to the original documents. I am aware that any lack of evidence or compromised integrity of the provided documents will entail the immediate invalidity of this application. I declare the foregoing is true and correct and will provide further documentary evidence, if required upon request.* |
| Signature: |

## Impact Statement

Please provide no more than two pages about your role in the leadership activities you are involved with as well as how those activities have shaped your role/training as a school psychologist.