



## *Leadership Program Application*



# Leadership Program Application

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

Age: \_\_\_\_\_ Sex: M F Grade in School: \_\_\_\_\_

Parent/Guardian Information: (Responsible Parties)

Name: \_\_\_\_\_ Relationship\_\_\_\_\_

Name: \_\_\_\_\_ Relationship\_\_\_\_\_

## Parents & Responsible Parties Only:

*In order to achieve any goal, especially one as impact-full as earning a Black Belt, every student, whether a child, adult or the entire family, needs the support of their parents, teachers, instructors and fellow students.*

*The NAPMA Leadership Program is dedicated to educating tomorrows' leaders. Please review and complete all of the below honestly:*

*Are you willing to support our requirements for "Role Model" responsibilities in the following areas?*

Insure attendance in at least 100 regular classes per year: [ ] Yes [ ] No  
(An average of 2 classes per week X 50 weeks)

Support your NAPMA Member school and help expand our student base, community awareness and involvement: [ ] Yes [ ] No

Are you willing to enforce NAPMA Grooming Standards while your child is in a "Leadership Role" [ ] Yes [ ] No

Are you willing to help us enforce Leadership Program behavioral standards equal to the leadership role your child will be assuming: [ ] Yes [ ] No

Are you willing to help us enforce healthy lifestyle standards including a boycott on underage drinking, smoking and other drug use: [ ] Yes [ ] No

Are you willing to support our efforts for Excellence in Academics? [ ] Yes [ ] No

Are you willing to support our efforts for Personal Development through personal leadership and group leadership training – including written, audio and video support materials? [ ] Yes [ ] No





### *Commitment and Participation:*

If accepted into the Leadership Program, are you willing to insure attendance in at least 80% of Leadership Training Classes? ☐ Yes ☐ No

Are you willing to commit to consistent attendance through 2<sup>nd</sup> Degree Black Belt: ☐ Yes ☐ No

Has your child been diagnosed with any medical condition that would affect their ability to physically attain mastery in Martial Arts? ☐ Yes ☐ No

If yes, - Please Explain (Attach separate sheet if necessary)

Has your child been diagnosed with any of the following:

ADD or ADHD ☐ Yes ☐ No

If Yes, medication(s): \_\_\_\_\_

Bi-Polar ☐ Yes ☐ No

Is your child on any medications? ☐ Yes ☐ No

If Yes, List: \_\_\_\_\_

Does your child have any other Emotional or Mental Conditions? ☐ Yes ☐ No

If yes, please explain – attach separate sheet if necessary

Is there any history of physical or mental abuse? ☐ Yes ☐ No

If yes, please explain – attach separate sheet if necessary

Does your child have any history of disciplinary problems at school? ☐ Yes ☐ No

Has your child ever encountered legal difficulties? ☐ Yes ☐ No

Has your child used any of the following substances:

Alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Illegal Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inhalants	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cigarettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If so, please explain and treatment history:





Please rate your child in the following areas:

Attributes and Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
<b>Home Environment:</b>						
Contribution to Household						
"Do it the First Time"						
Respectful Behavior						
<b>School:</b>						
Achievements in School						
Aptitude Academically						
Cooperativeness with Teachers						
<b>Friends and Peers:</b>						
Socially Adept						
Honesty						
Ability to "Get Along"						

Please rate your Family Priorities as Relates to the NAPMA Leadership Program:

Attributes & Abilities	Highest	High	Low	Lowest
Self Defense Capabilities				
Athletic Achievement				
Personal Confidence				
Character Development				

As a parent or responsible party are you willing to commit to all the requirements to ensure that your child achieves Black Belt and beyond?

I respectfully request my child's consideration for the NAPMA Leadership program. If not accepted for Leadership Training – I request acceptance into the National Black Belt Club Program.

[ ] Yes [ ] No Signed: \_\_\_\_\_

Signed: \_\_\_\_\_





## *To Be Completed by the Student:*

*All "Leadership Team" members must maintain the highest standards of conduct and performance. You must push your training to a new level, and always "Lead by Example".*

*Please review and complete all of the below honestly:*

I am willing to commit to all of the training and assisting requirements for the leadership program: ☐ Yes ☐ No

I will commit myself to living a healthy lifestyle by boycotting underage drinking, smoking, and other drug use. ☐ Yes ☐ No

I will follow and help to enforce the NAPMA behavioral standards required by the leadership program: ☐ Yes ☐ No

I will support my NAPMA school and help to expand our student base and community awareness and involvement: ☐ Yes ☐ No

I am willing to commit to consistent training through 2<sup>nd</sup> Degree Black Belt: ☐ Yes ☐ No

Are you willing to support our efforts for Excellence in Academics? ☐ Yes ☐ No

Are you willing to support our efforts for Personal Development through personal leadership and group leadership training – including written, audio and video support materials? ☐ Yes ☐ No

I want to be considered for training to Black Belt and beyond as a member of the Leadership Team and am willing to commit to consistent training and positive attitude during my training. ☐ Yes ☐ No

Signed: \_\_\_\_\_

***Please attach any supporting documentation which may help the school's leadership council make a decision in reference to this student. (ie. Scout Achievement, other awards and achievements)***





### *To Students and Parents:*

The criteria for selection for the NAPM Leadership Program include but are not limited to, the proper positive attitude, the physical aptitude to excel in the required material, and the drive for excellence.

Please understand that the Leadership Program is highly selective and subject to unanimous approval by – your school's instructor – and Branch Manager as well as the School's Leadership Council.

If your application is **not** approved for acceptance into the Leadership Program – you may be accepted into the National Black Belt Club program which is also a path to Black Belt without the additional Leadership, Teaching and Mentorship components of the NAPMA Leadership Program.

I respectfully submit my child for consideration for the NAPMA Leadership Program.

Signed: \_\_\_\_\_  
Parent's Signature

Student:

I wish to be considered for the NAPMA Leadership Program and I am willing to commit to consistent training and positive attitude during my training.

Signed: \_\_\_\_\_  
Student's Signature





### *Instructor Use Only*

Attributes and Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
Physical Effort in Class						
Attitude in Class						
Martial Arts Respect in Class						
Physical Aptitude for Black Belt and Beyond Training						
Maturity Relative to Age						
Self Motivation						
<b>Participation</b>						
Class Attendance						
Intramural Tournaments						
Seminars and Events						
<b>External Success:</b>						
Achievement in School						
Behavior at Home						
Leadership Aptitude Exhibited						

#### *Instructor Commitment:*

Are you committed to work with the applicant and family, and do "whatever it takes" to insure that this students will receive at least a 2<sup>nd</sup> Degree Black Belt upon completion of all requirements and classroom attendance?

[ ] Yes [ ] No [ ] Unsure

I am willing to work with this student to achieve a high level of "Interpersonal Leadership and Teaching Skills"?

[ ] Yes [ ] No [ ] Unsure

#### **Child's Commitment:**

In your conversation with this applicant has he or she expressed a sincere desire to achieve a Black Belt and to be a role model in our school?

[ ] Yes [ ] No [ ] Unsure

Approved for:

[ ] National Black Belt Club [ ] NAPMA Leadership Program  
 [ ] G.O.L.D. Instructor Cert. Program [ ] Staff Training  
 [ ] Re-Evaluate in \_\_\_\_ Days [ ] Declined

Primary Instructor Evaluating: \_\_\_\_\_





## Teacher/Mentor Recommendation:

Name: \_\_\_\_\_ is applying to train in the National Association of Professional Martial Artist **Leadership Program**.

This program is designed to educate our students in the skills of leadership such as, public speaking, public performance, human relations, leadership by example, courage, integrity, vision, management and many other valuable subjects. This is a very involved program and we would greatly appreciate your input and recommendation.

*We would appreciate your recommendation and evaluation.*

Attributes and Abilities	Superior	Excellent	Good	Fair	Poor	Unable to Rate
<b>Respect for Teachers:</b>						
Polite in class						
Respectful of Rules and Guidelines						
<b>Respect for Classmates</b>						
Cooperates with classmates						
Respectful of peers						
<b>Role Model:</b>						
Carries self with appropriate respect and consideration						
<b>Academic Aptitude:</b>						
Verbal Skills						
Reading Skills						
Classroom Participation						
Homework Completion						
Attendance						
<b>Personal Responsibility:</b>						
"No Excuses"						
"Does it the first time"						



I personally recommend this student for training in character skills, leadership and speaking skills:

[ ] Yes [ ] No [ ] Unsure

I personally recommend this student as a potential role model Martial Artist:

[ ] Yes [ ] No [ ] Unsure

Has this child had any consistent disciplinary problems that you are aware of at school?

[ ] Yes [ ] No [ ] Unsure

If yes, please explain.

Any other feedback that we should consider?  
(Feel free to attach a separate sheet of paper)

Teacher Name: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

May we contact you if we have additional questions? [ ] Yes [ ] No

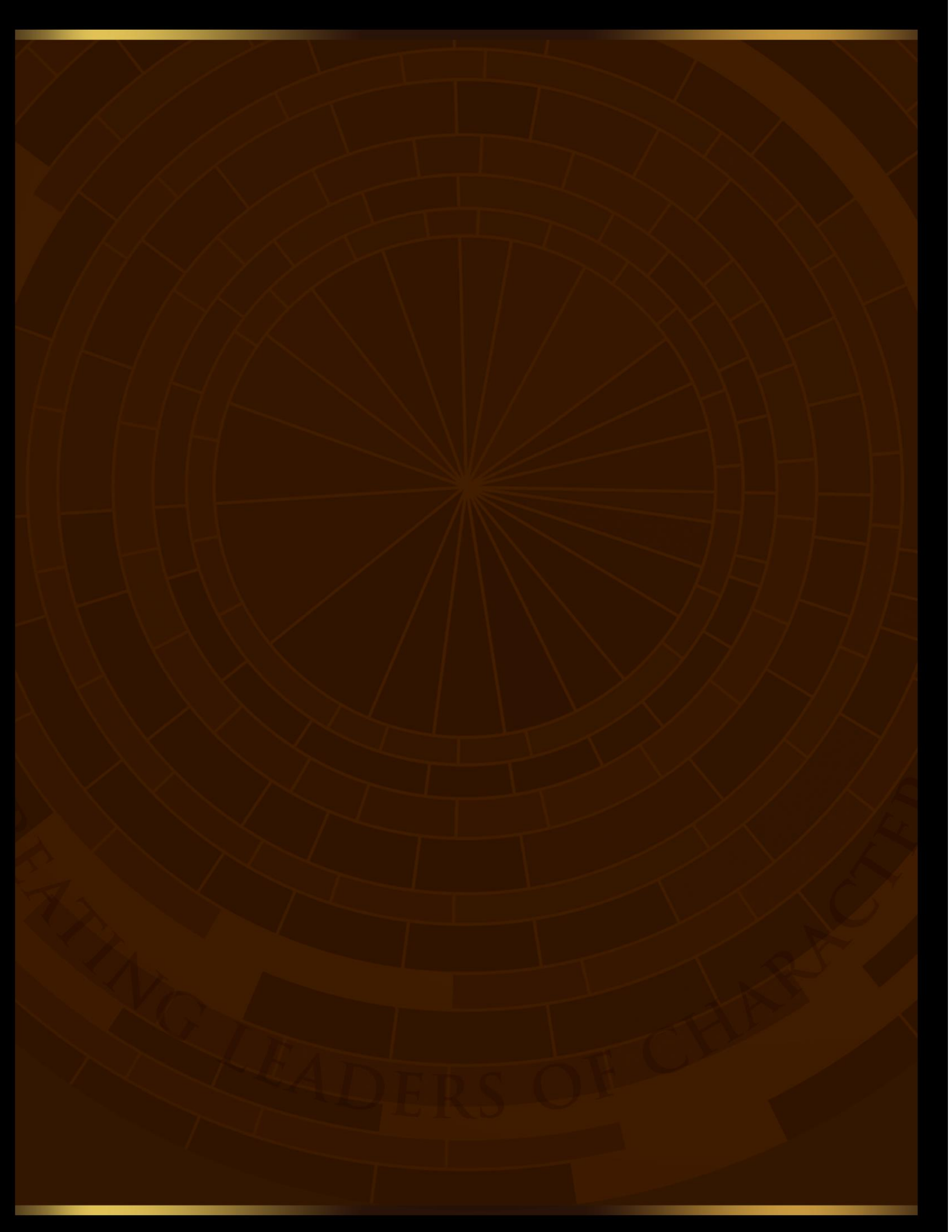
**\*\*NOTE for Teacher's** – NAPMA Martial Arts Schools volunteer in hundreds of school systems all over the US and internationally, to provide school enrichment programs, after-school programs, career days, fund raisers, show & tell presentations and much more.

Contact our school if you are interested in a Black Belt Instructor Visiting your school or classroom. For more information call (555) 555-5555

You may contact us at:

**(555) 555-5555** - [www.YourWebSite.com](http://www.YourWebSite.com) - [Email@YourWebsite.com](mailto:Email@YourWebsite.com)





CREATING LEADERS OF CHARACTER