

# Meinig Family Cornell National Scholars

### ACTIVITY VERIFICATION FORM (AVF), Page 1

#### **Important Notes**

- 1. LEADERSHIP does not necessarily mean holding traditional titles such as president, chair, or captain, although if you hold these positions, we would like to know. For the purpose of the AVF, leadership means "making a significant contribution/actively engaged; making an impact on an organization or community." Leadership does not include membership alone.
- 2. All hours on- or off-campus during the academic year and during fall, winter, or spring breaks may count toward your requirements as long as they are:
  - Not associated with academic credit;
  - Unpaid, and
  - Accompanied by properly completed/signed AVF.
- 3. A completed AVF is required for <u>each</u> leadership activity you would like to count toward your MFCNS requirements.
- 4. AVFs MUST be signed by a faculty, staff, administrator, or other professional associated with the activity. An AVF form that is verified by a student as an organization representative MUST also be co-signed by a professional staff as listed above.
- 5. Leadership hours to be included must happen between August and May of the current academic year. Summer cannot be included. You should submit all completed AVFs as a complete package to The Cornell Commitment office no later than the May deadline specified in the reapplication. It is your responsibility to make sure your documentation is complete, clear, and submitted on time. Your MFCNS re-application process is complete once you have submitted your on-line re-application and submitted all your endorsed AVFs.

| Student Name   |                                 |                               |
|--|---------------------------------|-------------------------------|
| Organization   |                                 |                               |
| Description of leadership involvement; contribution to organization                                |                                 | Titles held (president, etc.) |
|  |                                 |                               |
|  |                                 |                               |
| Dates of activity: Start Date  | End Date                        |                               |
| Total Hours Contributed in current academic year   |                                 |                               |
| I verify that I have read and understand the information protacturate to the best of my knowledge. | vided above and that the inform | ation I have presented is     |
| Student's Signature  |                                 | Date                          |

# Meinig Family Cornell National Scholars

### ACTIVITY VERIFICATION FORM (AVF), Page 2

**To the Organization Advisor:** This student is a current member of MFCNS, a unique program designed to encourage academic excellence and active leadership on campus and in the community at large. Applicants are required to verify their participation in leadership activities; as defined on page 1. It is the applicant's responsibility to ensure that all endorsements are of an acceptable nature and submitted by the May deadline of the current academic year; however, we ask that you kindly provide your timely assistance to them in this endeavor. Your comments on this student's leadership involvement are extremely helpful and are very much appreciated! Please contact The Cornell Commitment office at 607-255-8595 with any questions you may have.

PLEASE COMPLETE THIS FORM AND RETURN TO THE STUDENT. If you wish to maintain confidentiality, please enclose this form in an envelope and sign across the seal or send the form directly to The Cornell Commitment office at 300 Kennedy Hall, Cornell University, Ithaca, NY 14853. Please type or print.

FOR THE STUDENT TO COMPLETE

| Student Name  |                                      |                                    |              |  |
|---|--------------------------------------|------------------------------------|--------------|--|
| Advisor NameTitle   |                                      |                                    |              |  |
| Organization  | Email                                |                                    |              |  |
| FOR THE ADVISOR TO COMPLETE   |                                      |                                    |              |  |
| <ol> <li>Is the student's description of their leadership involvement on the reverse side accurate?         Yes No If not, please explain (attach separate sheet if necessary).</li> <li>Number of hours the student spent in active leadership to this organization since August of this academic year:</li> </ol> |                                      |                                    |              |  |
| 3. Is this activity being compensated by w  | •                                    | Yes No                             | year.        |  |
|   | -                                    |                                    |              |  |
| 4. Membership in MFCNS is awarded to students who are committed to helping themselves and others through active servant leadership. In light of this, we would greatly appreciate your candid appraisal of the student's performance in the following categories:   |                                      |                                    |              |  |
| Reliability/Responsibility  | Low                                  | High                               |              |  |
| Quality of contribution   | Low                                  | High                               |              |  |
| Motivation  | Low                                  | High                               |              |  |
| Attendance  | Low                                  | High                               |              |  |
| Leadership  | Low                                  | High                               |              |  |
| Followership  | Low                                  | High                               |              |  |
| 5. What were the student's best demonstrong organization?   | rated abilities; how did the student | r's special talents improve or coi | nplement the |  |
| Please include additional comments on a separate sheet if necessary.  |                                      |                                    |              |  |
| By signing below, I verify that the information provided herein is correct and the hours listed above indicate the time the student spent making significant contributions to this organization and its mission.  |                                      |                                    |              |  |
| Signature*  |                                      | Date                               |              |  |
| *Are you a Cornell undergraduate? Yes** No **If yes, co-signature of faculty, staff, administrator, or other professional associated with the activity is required.   |                                      |                                    |              |  |
| Co-Signature  |                                      | Date                               |              |  |
| The three Assets and  |                                      |                                    |              |  |

To the Applicant:

This form must be completed and returned as part of your re-application to the address below by the May deadline specified in the reapplication by 4:30PM.