



Leadership Capstone Practicum Application (pg 1)

Section A: General Information

Athlete Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Mentor Name: _____ Program: _____

Address: _____

City: _____ Zip: _____ email: _____

Section B: ALPs University Practicum Information

Date of Class: _____ Instructor(s): _____ Deadline: _____

Practicum Goals Completed:

What are the goals of your project?

Describe your project in detail.

Did you successfully complete all aspects of your project? If not, what wasn't completed and why not.

Describe what you learned during this project.

What would you have done differently?



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What would you like to pass on to other athlete leaders who are in the same major.

Attach supportive evidence of your project.

Section C: Mentor Observation

Please have your mentor or county coordinator provide a brief summary about the work you did for your practicum.

Section D: Approval

Must be signed below:

Signature of ALPs Athlete

Date

Signature of Mentor

Date

Signature of ALPs County Coordinator

Date

Signature of ALPs Coordinator

Date

Please submit completed application to:

1. Alpsuniversity@gmail.com

OR

2. Special Olympics Indiana
6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278

or

fax (317) 328-2018