



# 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):** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

### *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 about leadership 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