

## **Educator Details**

Details about the teacher or advisor who is leading this challenge team

**First Name:**

**Last Name:**

**Email:**

**Phone:**

**Grades Taught:**

**Main Subject Area:**

**School Address:**

**Principal Email:**

## Student Input

Name of the issue addressed in this project  

Type  Link  Upload

Social Media Post (please link to post and be sure it is set to public)  

Team Name  

Team Slogan  

Mascot (.jpg, .jpeg, .gif, .png)  

Pick file

Type  Text  Upload

Detailed Action Plan  



Type  Upload  Link (YouTube, Vimeo, Etc.)

Elevator Speech (Video)  

Pick file

Ad created to promote your project  

Pick file

Service Project Highlights  

Service Project Challenges  

Overcoming Barriers Chart - from activity 10.2 (.xls, .xlsx, .pdf, .doc, .docx)  

Pick file

Team Lifeline (.jpg, .jpeg, .pdf)  

Pick file

Type  Upload  Link (YouTube, Vimeo, Etc.)

Story Video (Video) ? 

Pick file

Student Reflection 1 - The reflection should describe 1) the impact of the program 2) leadership lessons learned 3) other observations. Acceptable file formats include .doc, .docx, .pdf, .txt, .jpeg, .mp4, .mov

? 

Pick file

Student Reflection 2 - The reflection should describe 1) the impact of the program 2) leadership lessons learned 3) other observations. Acceptable file formats include .doc, .docx, .pdf, .txt, .jpeg, .mp4, .mov

? 

Pick file

Additional Reflections (optional) Acceptable file formats include .doc, .docx, .pdf, .txt, .jpeg, .mp4, .mov

? 

Pick file

Upload Photo 1 (.jpg, .jpeg, .gif, .png, .pdf) 

Pick file

Upload Photo 2 (.jpg, .jpeg, .gif, .png, .pdf) 

Pick file

Upload Photo 3 (.jpg, .jpeg, .gif, .png, .pdf) 

Pick file

Additional Files (optional)

Pick file

Additional Notes

## Educator Input

What was the most valuable lesson learned by students about leading a team? (Please refer to specific Lead4Change lessons)

How did the Lead4Change experience affect you, the adult leader of this team?

Last Day of Classes for 2021-22 School Year?

Are you currently a Lead4Change Certified School? ([Check to confirm here](#))  Yes  No

Name of public organization who would receive a winning grant

EIN/Tax-Exempt Number for public organization who would receive a winning grant

Additional Name of public organization who would receive a winning grant (optional)

Additional EIN/Tax-Exempt Number for public organization who would receive a winning grant (optional)

Additional Name of public organization who would receive a winning grant (optional)

Additional EIN/Tax-Exempt Number for public organization who would receive a winning grant (optional)

Number of Students Who Completed the Lead4Change Lessons and Participated on this Team.

I agree to the [terms and conditions](#).