This award is in honor of Ms. Kelly Neiber, who contributed to the Iowa Association of Student Councils in numerous capacities for over twenty years. Ms. Neiber began as an adviser at Maquoketa High School, taking students to state and national conferences. She took over the role of Iowa Leadership Training Camp Director in 1998 and served as the director for the next fourteen years. Ms. Neiber also served on the IASC Board and then as the State Executive Director. The IASC is honored to present the Kelly Neiber Service Award. This award is open to any student council in the state of Iowa that performs a service project.

* **Who can submit?** Any student council in the state of Iowa can submit an application.
* **What are the project date parameters?** Projects that took place between June 1, 2016 and June 1, 2017.
* **What is the application deadline?** Applications must be postmarked by August 1.
* **How will we be recognized?** The winner will be announced at the IASC Fall Leadership Conference, receive a framed certificate, and $100 voucher toward any IASC sponsored event (IASC Fall Conference, Spring Advisor’s Conference, or the ILTC Camp).
* **What type of project can be submitted?** Any service project can be submitted. Projects must be completed by the submission date. These can include, but are not limited to, projects done in conjunction with the service project from the state association.
* **How do we submit?** A representative of your student council should download and complete the official application, type a detailed project description, and submit the information by e-mail to iascstuco@gmail.com
* **What rubric will be used for judging and selecting the recipient of the award?**
	1. **Purpose:** Were the purposes and goals of the project well established and communicated? Did they fulfill a need within the school or community? Were they supported by the administration and faculty?
	2. **Planning:** How was the project planned? Who was responsible for the planning? Were student leaders involved in the planning?
	3. **Implementation:** Was the project carried out in an organized and appropriate manner? Describe.
	4. **Involvement:** How many student council members were involved in the project?
	5. **Evaluation:** How was the project evaluated? Did you reach your established goals? Explain.
	6. **Effect/Results/Impact:** How would you describe the overall effect or impact of the service project? Was it successful? Explain.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adviser Name: ­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adviser’s Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adviser’s E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEND COMPLETED APPLICATIONS MATERIALS TO:**

Iowa Association of Student Councils

**ATTN: Kelly Neiber Service Award**

iascstuco@gmail.com

**DEADLINE: August 1**

Please be specific in your responses. It is very important that measurable data (numbers) be included.

1. **Purpose and Goals**
	* Why was the project selected?
	* What were the primary goals for the project?
2. **Planning**
	* How was the project planned? (A planning timeline can be included)
	* Who was responsible for the planning (Explain the roles of the student council adviser and the student leaders in the planning)?
3. **Implementation**
	* Identify the steps for organizing the project and describe how the project was carried out.
	* How was the project promoted and publicized?
4. **Involvement**
	* Please be specific in identifying the quantity values in this section. • How many student council members were involved in the project?
	* What percentage of your student council does this number represent?

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Evaluation**
	* Effective service projects should include the component of evaluation. Share 2 highlights of that evaluation (These can include: reasons for success, suggestions for improvement, discoveries, timeliness, etc.)
	* Did you reach your established goals? Why or why not?
2. Effect/Results/Impact
	* How would you describe the overall effect or impact of this service project?
3. Totals: Identify and list any totals related to the project.
	1. Dollars raised $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Pounds collected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Number of families/people served by the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Number of items collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Other totals (identify what was counted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Total Service Hours:
	* Please calculate the total number of service hours generated by your service project using this formula:

Total Service Hours = (number of volunteers) × (number of hours to accomplish project)

Total Service Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_