

# Student Council Application

Please fill out this form and return.

### Contact Information

Name: \_\_\_\_\_  
Institution & Program: \_\_\_\_\_  
GPA (at least 2.0): \_\_\_\_\_  
Expected Date of Graduation: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Availability

Please state your preferred times for meetings or other activities:

Day	Time Slots Available
<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Own time	I would be available to participate from home.

### Interests

Tell us in which areas you are interested in volunteering:

- Administration
- Student Life/Events
- Communications
- Fundraising
- Community Outreach

### Agreement & Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. Please complete this application and submit to Sarah Illyn in Room 205. Please share any additional comments or information on the back of this form.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_