

Eastfield College Student Government Association

“Application Form”

Please complete all information as thoroughly as possible. Turn in this form with the completed application packet.

Name: _____

Address: _____

Phone: home _____ cell _____

E-mail: _____ ID# _____

What is your major or career interest? _____

How many credit hours are you now taking? _____

Do you work? _____ If so, how many hours a week? _____

Please describe your educational background, and how long you have been a student at Eastfield College. _____

Briefly describe your experience in leadership positions, (educational, community, or employment)

Explain why you want to serve in Student Government, and what you would like to accomplish.

