Student Government Association

Application for the position of

Chaplain

Name: _____
Last First Middle

Cell Phone Number: _____ Email: _____

Classification: FR SOPH JR SR

Campus Involvement: _____
_____
_____
_____
_____

Why are you running for this position and what qualities do you possess that will help you to excel as SGA Chaplain?

_____
_____
_____
_____
_____

What goals do you wish to accomplish as the SGA Chaplain?

_____
_____
_____
_____
_____

Student Number: _____ Grade Point Average: _____

I hereby give the SGA Executive Board the permission to verify my cumulative GPA and understand this information will remain confidential.

_____ _____
Signature Date