

STUDENT LIFE APPLICATION

Name: _____ Date: _____

Position(s) Applying for: Student Outreach Coordinator

Student ID#: _____

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Cumulative GPA: _____

Graduation Date: _____ Major: _____

Employment History:

Position	From mm/yy	To mm/yy	Employer	Typical Duties

Education:

School/Location	Graduation Date	Course of Study	Degree

References:

Name	Address	Phone	Relationship

***Please submit this form with 2 letters of recommendation and a personal statement to Student Life on or before 10/20/09 at 6:00pm.**

I certify that the information contained in the application form is true, correct and complete to the best of my knowledge.

Signature: _____ Date: _____