

# Student Senate Application

## Applicant Information:

## Desired Position(s):

Name: _____ Address: _____ _____ Phone: _____ Email: _____ Student ID: _____ GPA: _____      Graduation Date: _____ Major: _____	See the application brochure or the ASB bylaws for descriptions. <i>Rank multiple selections by number.</i>  <input type="checkbox"/> President <input type="checkbox"/> VP for Administration & Finance <input type="checkbox"/> VP for Clubs & Organizations <input type="checkbox"/> Senator for Administrative Affairs <input type="checkbox"/> Senator for Legislative Affairs <input type="checkbox"/> Senator for Multicultural Affairs <input type="checkbox"/> Senator for Public Affairs
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## References: (may be the same people providing letters of recommendation)

Name	Occupation	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Application Checklist:

## How to apply:

Materials required for application are: <input type="checkbox"/> This completed form, signed and dated <input type="checkbox"/> Your résumé <input type="checkbox"/> Two letters of recommendation (may be from faculty or employers) <input type="checkbox"/> A 200-word essay on the role of student government	Assemble application materials and submit: <b>In person:</b> Upstairs in the SUB (Building 27) <b>By fax:</b> (360) 596-5708 <b>By mail:</b> SPSCC – Office of Student Life 2011 Mottman Rd. SW Olympia, WA 98512
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If you need any assistance or have questions or concerns, contact the Office of Student Life at  
**(360) 596-5306**

I have read the application brochure. I understand and can satisfy the employment requirements and am familiar with the duties and responsibilities of the position(s) for which I am applying. I certify that the information contained in this application and accompanying documents is true, correct, and complete to the best of my knowledge.

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