|  |  |
| --- | --- |
|  | Student MemberCouncil of TrusteesAPPLICATION |

**PLEASE ATTACH YOUR RESUME TO APPLICATION**

**Name**

**Campus Address**

**Home Address**

**Campus Telephone Number**

**Home Telephone Number**

**Date of Birth**        **Date of High School Graduation**

**Name of High School**

**City, State**

**Class Status (Current Semester)**

**Expected Graduation Date**       **Current GPA**

**Major**       **Minor**

**Degree Expected**

**List University Activities (any office held), Awards/Scholarships Received:**

     **Please answer the following questions in narrative rather than single-sentence form.**

**Your reason(s) for seeking the position of student trustee:**

**What do you view as the role of a Slippery Rock University trustee?**

**What are your strengths?**

**What are your weaknesses?**

**What three issues will confront the University during the next two years? (Define each and explain their importance.)**

**What do you perceive as your single greatest accomplishment during your collegiate years? Why?**

**What would you want to accomplish as a member of the Council of Trustees?**

# RETURN COMPLETED APPLICATION BY MARCH 10, 2023

**AND THREE LETTERS OF RECOMMENDATION TO:**

**300 Old Main, Chief of Staff, Office of the President**

**PLEASE ATTACH YOUR RESUME TO APPLICATION**