

Donald P. and Katherine B. Loker Student Union, Inc.
Board of Directors

STUDENT DIRECTOR APPLICATION

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELLULAR PHONE: _____

MAJOR/MINOR: _____

CLASS STANDING: _____ STUDENT ID NUMBER: _____

Please respond to the following questions. You may attach additional sheets if necessary.
WHAT DO YOU KNOW ABOUT THE STUDENT UNION AND ITS SERVICES?

PLEASE LIST RELEVANT INTERESTS AND ACTIVITIES (include involvement on and off campus):

WHY ARE YOU INTERESTED IN SERVING ON THE BOARD?

WHAT DO YOU EXPECT TO CONTRIBUTE AS A MEMBER OF THE BOARD?

WHAT IS THE RELEVANCE OF YOUR PAST EXPERIENCE TO SERVING ON THE BOARD?

WHAT DO YOU EXPECT FROM YOUR EXPERIENCE ON THE BOARD?

By signing below, I acknowledge that my qualification for the Student Director's position shall be reviewed through verification of school records. Further, only candidates who meet the qualifications shall be considered by the Loker University Student Union Board of Directors. The position for which I apply shall be elected by the Loker University Student Union current Board of Directors.

Signature

Date

**APPLICATIONS MUST BE SUBMITTED TO THE LOKER STUDENT UNION
ADMINISTRATIVE OFFICE, FIRST FLOOR, ROOM 131**