

## **Student Government Association**



## **Membership Application**

(Members shall be rewarded for dedicated services by way of a partial scholarship)

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Name:	T#:		
Current Address:			
	E-mail:		
	Phone#:		
Program of Study at ATU-OC:			
Is your cumulative G.PA. a minimum of 2.50? (if applicab	le)	Yes	No
Are you on disciplinary probation?	Yes No		
Why do you wish to become a member? Please also note general qualifications.			
What other organizations in or outside Arkansas Tech-Oz	агк пач	e you been inv	orved in?
Were you in a leadership position within any of the organ role?	izations	? If so, please	briefly explain your
When do you plan to graduate ATU-OC?			
I do hereby declare my intention to run for membership of the Student Government Association of Arkansas Tech University-Ozark Campus. I give my permission for the Office of Student Services to release verification that GPA requirements and qualifications have been met to the Student Government Association. I further understand and agree to attend the weekly SGA meetings – Tuesdays at noon. Students that have applied should campaign for elections. If have any questions regarding the process e-mail either Richard Harris, Chief Student Officer, at <a href="mailto:rharris1@atu.edu">rharris1@atu.edu</a> or Brianna Ingram, SGA Advisor, at <a href="mailto:bingram3@atu.edu">bingram3@atu.edu</a> . Signing in the box below verifies that you have read and understand this form, agree to the conditions of application and that all information provided is accurate.			
Signature:		Date:	