Ball State University
Student Trustee Application

Name: ____________________________________________________________

Last  First  Middle

Student Identification Number: _______________________________________

Campus Address: ___________________________________________________

Street  City/State  Zip

Permanent Address: _________________________________________________

Street  City/State  Zip

Cell Phone: _______________  Email: ________________________________

Major(s): _________________________________________________________

Minor(s): _________________________________________________________

Circle Year:  1  2  3  4  5+  Graduate

Cumulative GPA: ___________  Expected Month/Year of Graduation: ______

*Please answer the following questions on a separate sheet of paper:

• List your past and present campus organization participation, including positions held and other responsibilities.
• Why would you like to be a member of the Ball State University Board of Trustees?
• How do you view the role of the student member on the Board of Trustees?
• What qualifies you as the best candidate for upholding the roles and responsibilities of a student trustee?

*Please enclose two (2) letters of recommendation.

• First letter provided by: ____________________________________________
• Relationship: ____________________________________________________

• Second letter provided by: _________________________________________
• Relationship: ____________________________________________________
Grade Release Statement

This signature authorizes the Selection Committee, for the student member of the Ball State University Board of Trustees, to review your University records for satisfactory academic and conduct standing. This information will be kept in confidence and will not be transferred to any other party.

Signed _______________________________  Date: ________________

PLEASE RETURN COMPLETED APPLICATIONS TO THE STUDENT GOVERNMENT ASSOCIATION OFFICE IN SC 112 ON OR BEFORE FRIDAY, FEBRUARY 24, 2017 AT 5:00 PM.