Fee Allocation Committee Member Application



Please print clearly in black or blue ink.

Name:	Student ID*:	
Address:		
City: Telephone #:	E-Mail:	@stcloudstate.edu
Major:	Minor:	_
Expected Graduation Date:	Is Your GPA above 2.0? Yes No	
This notification is to inform you of University Policy for eligibility for thi You must be in good standing with the University regarding GPA and c Have you had any violations at your school? Yes No	ode of conduct.	
Consent for record release: your signature authorizes disclosure of educ higher education have you have attended. This release is needed for condependent upon individual situations.	, ,	•
Signature	Date:	
2. Explain past experiences that would be helpful to	you as a Fee Allocation Committee mer	mber:
3. What efforts will you make to eliminate personal	bias in your decision making?	
4. What assurance can you give that you will keep al	l Fee allocation Committee proceedings	s confidential?

Important: Applications are due by 5 PM on the first Wednesday of each month. Applications should be delivered to the Student Government Office, Atwood Memorial Center 139. All applicants are encouraged to attend the Student Government meeting on the first Thursday of the month at 5 PM in the Cascade room of the Atwood Memorial Center. At the meeting, applicants will be given an opportunity to explain why they believe they are a good candidate for this position and will receive questions from the Senate to further help them make their decision.

The Student Government of St. Cloud State University values diversity of all kinds, including, but not limited to race, religion, ethnicity, sexual orientation, gender, or age. Your application will be considered equally amongst all others submitted.

^{*}Your Student ID is used to verify enrollment, GPA requirement, and for payroll purposes only.