Program Council Advisory Application

Name: ____________________________

Contact Number: ________________________________

Email Address: ____________________________________________

Year in School: ____________________

Hours Enrolled for current term: ______

Current GPA: ______

Position Applying for: ________________________________

(attach a separate paper answering the questions below. Must Be Typed)

What do you feel you will bring to this position?

What do you expect from this position?

Do you have any special training or experience in this area?

Have you worked with Program Council before?

● If so for how long and in what capacity

What is Program Council to you?

Tell us about yourself:

What do you consider to be one of your greatest strengths?

What do you feel isn’t?

What is your favorite color and why?

Who is your favorite superhero and why?

Anything more you’d like to add: