**EAST STROUDSBURG UNIVERSITY**

**STUDENT MEMBER OF THE COUNCIL OF TRUSTEES**

**APPLICATION**

REQUIREMENTS: Must be a **full-time ESU sophomore** in good academic standing, with a **minimum 2.5** quality point average.

Please submit completed application along with two (2) letters of recommendation to the
Office of the President, Reibman 204, or email mcetnar@esu.edu no later than **February 6, 2017.**

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| --- | --- |
| **Name:** |  |
| **Campus Address:** |  |
| **Home Address:** |  |
| **Phone:** |  | **Email:** |  |
| **Date of Birth:** |  | **High School Grad Year:** |  |
| **Name of High School:**  |  |
| **City and State:** |  |
| **ESU Class Status:** | **1st Semester Sophomore** [ ]  | **2nd Semester Sophomore** [ ]  |
| **Current GPA:** |  | **Expected Grad Date:** |  |
| **Major:** |  | **Minor:** |  |

**List University activities, offices held, awards and/or scholarships received:**

**Why are you interested in becoming the next student member of the Council of Trustees?**

**What do you view as the role of a trustee?**

**What are your strengths?**

**What are your weaknesses?**

**What three issues will the University face during the next two years?**

(Define each and explain their importance.)

*Please select* ***one*** *of the following questions:*

1. **What do you perceive as your single greatest accomplishment during your collegiate years?**
2. **What are your goals for your collegiate years?**