

**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](mailto:mcetnar@esu.edu) no later than **February 8, 2019**.

**Name:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **High School Grad Year:** \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

**City and State:** \_\_\_\_\_

**ESU Class Status:** 1<sup>st</sup> Semester Sophomore  2<sup>nd</sup> 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 opportunities or challenges do you see the University may 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?**