STUDENT GOVERNMENT ASSOCIATION

Homecoming Director Application

2018

***Past experience on the SGA Homecoming Committee is recommended, but not required. ***

Name: __________________________ MTSU Email: _______________________

Address: ______________________ Phone: _______________________

__________________________ Alternate Phone: _______________________

Classification (Fr., So., Jr., Sr.): ______ M#: __________________ GPA: ______

Activities/Student Involvement:

________________________________________________________________________

________________________________________________________________________

Leadership Roles on Campus:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Will you be involved with these activities/organizations next year? If so, how much time will you devote to each of them?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have a job? __________

If yes, is this full or part-time? __________

If yes, are your hours flexible? Explain:

________________________________________________________________________

________________________________________________________________________
Have you been involved in Homecoming in the past? ____________

If yes, did you serve on a committee? _______ If yes, which one and what did you do?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Give a brief description of Homecoming:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Why do you want to be the Director?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How well do you work with the administration or faculty? Explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Explain any summer and/or fall commitments you may have:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other Comments:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Include 2 references (one can be a peer or student organization leader):
1. Name, Email, Phone Number: __________________________________________________
______________________________________________________________________________

2. Name, Email, Phone Number: ________________________________________________
______________________________________________________________________________

Please turn into the CSIL Office (SUB 330) by 4 p.m. on **February 16, 2018**.
Please sign up for an interview time upon submitting your application.
For questions, please call the CSIL Office: (615) 898-5812.