

*Student Government Association (SGA) Application*

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Undergraduate Program** \_\_\_\_\_ **Academy Class #** \_\_\_\_\_

Position you are applying for: \_\_\_ Senator (General Member)  
\_\_\_ Officer (President, Vice President, Sectary, Treasurer, Historian)

How many credit hours are you currently enrolled at SPC? \_\_\_\_\_

Is this your first semester at SPC? \_\_\_\_\_

If no, when did you attend? \_\_\_\_\_

Did you leave in good standing? \_\_\_\_\_

Are you a member of another student organization/ club? \_\_\_\_\_

If yes, which organization/ club? What is your position?

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to become a member of SGA?

\_\_\_\_\_  
\_\_\_\_\_

Please list any special skills or interests that would be of value to SGA:

\_\_\_\_\_

Additional comments:

\_\_\_\_\_

\*By completing this application you are applying to become a member of Student Government Association and agree to all of the conditions of membership set out through the St. Petersburg College SGA Constitution and Allstate Campus Bylaws.

I \_\_\_\_\_ hereby authorize the Student Government Association at the Allstate Campus to access my academic records (transcripts, class schedules, etc.) to verify my eligibility to participate in Student Government Association.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return document to the SPC Allstate Student Activities Office, AC200. If you have any questions, please contact Anjum Perfetti, Student Life and Leadership Coordinator at Perfetti.Anjum@SPCollege.edu or (727) 341-4480.