



1894

CLINTON

COLLEGE

STUDENT ACTIVITY COUNCIL MEMBERSHIP FORM

Name: _____

Student ID#: _____ Major: _____

Classification: _____ Cell#: _____

Telephone#: _____ Resident Hall Room#: _____

E-mail Address: _____

School E-mail Address: _____

PERSONAL STATEMENT:

Please discuss your intent for being on the Student Activities, including relevant experience and qualifications. Used addition space if need to complete your personal statement.
