



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Student Government Association President or Vice President Application

Date: _____

Candidate's Full Name: _____
(First) (Middle) (Last)

Student ID Number: _____

Classification (circle one): Freshman Sophomore Junior Senior

Major: _____

Telephone Numbers: _____ (Home) _____ (Mobile)

Home Address: _____
(Street) (City) (State) (Zip)

Campus Address: _____

E-mail Address: _____

Hometown Newspaper: _____

How many academic hours have you completed? _____

How many semesters have you attended ABAC? _____

What is your current G.P.A.? (*Must be 2.5 or higher*) _____

Running for the position of (circle only one):

President

Vice President

High School Honors and Activities

- Include any leadership experiences
- If necessary, add attachments

College Honors and Activities

- Include any leadership experiences
- If necessary, add attachments

Please express on the lines below and/or on an attached sheet why you are running for SGA President or SGA Vice President.

** Candidates for SGA President must attach two letters of recommendation, one from a current ABAC student and one from a current or former ABAC professor.*

[illegible]

Signature of the Candidate

SGA President