

## STUDENT ASSISTANTSHIP PROGRAM APPLICATION FORM

This program is offered by FL|CC for the purpose of providing a student assistant to the CSDs in order to promote FL|CC's mission on campuses, build sustainability and a stronger infrastructure. The program will also provide training that will enhance student leadership, helping to develop a stronger student voice on participating campuses. Participating students will also serve on the statewide FL|CC Student Leadership Council.

**Please provide the following information. Please feel free to attach additional pages if necessary.**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Class Year: \_\_\_\_\_

Major and GPA: \_\_\_\_\_

Full-Time

Part-Time

Contact Information:

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Best time to contact: \_\_\_\_\_

Relevant training: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Leadership Experience (Please indicate leadership positions you have held):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Professional/Campus/Volunteer Experience (Please list your last three positions):

JOB	TITLE	DUTIES	SUPERVISOR	ADDRESS/PHONE NUMBER	DURATION OF TIME WORKED	MAY WE CONTACT

Why do you want to participate in the SAP?

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Please Provide Three (3) References (Not family members):

NAME	EMAIL AND/OR ADDRESS	PHONE NUMBER	RELATIONSHIP	BEST TIME TO CONTACT

