

Application for Student Senator



Contact Information

Name

School

Homeroom

Home/Cell Phone

E-Mail Address

Eligibility Requirements

Date of Birth (student must be at least 16 years of age)

Grade (must be entering or enrolled in year 3 or 4 as a *full-time student*)

Current Grade Average (must have obtained and maintained 70% average in all subjects)

School and Community Involvement

Dates of Involvement	Name of club or organization in the school or community	Position held and duties

Personal Statement of Experience

Describe the experiences, education, and personal qualities that illustrate your suitability to the role of HPEDSB Student Senator. Attach a separate page, if needed.

Blank area for the Personal Statement of Experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am elected as a student senator, I am agreeing to attend all meetings, serve on chosen committees, and complete the duties of student senator for one full term.

Name (printed)

Signature

Date

Please have at least five people sign below to support your application to become a Student Senator. Include a variety of students, teachers, and administrators.

We, the undersigned, support this application.

Date	Position	Name