STUDENT GOVERNMENT ASSOCIATION OFFICER APPLICATION

YOU CAN ONLY RUN FOR OFFICE IF YOU WERE IN SGA THE PREVIOUS YEAR

PLEASE CHECK THE BOX TO INDICATE WHICH OFFICE YOU ARE RUNNING FOR:

President (seniors only)	Vice-President (seniors and juniors only)
Secretary (senior, junior or	Parliamentarian (senior, junior or
sophomore)	sophomore)
Treasurer (senior, junior or	Project Chairs (senior, junior or
sophomore)	sophomore)

Na	ame:	Grade :	T-shirt Size:	_ Birthday:	_
I.	Address:		city, zij)	
	Cell Phone Number:				
	Your School Email Address				
	Parent Email Address				

II. What is SGA?

This Hillcrest High School SGA desires to

- 1. Develop democratic ideals and teach respect for law and order;
- 2. Maintain the highest standards of cooperation, loyalty, and school spirit;
- 3. Promote acceptance of all people at school;
- 4. Maintain positive communication and relationships with faculty and administration;
- 1. Act as a liaison of student opinion;
- 2. Stimulate interests in all worthwhile school activities;
- 3. Promote practices of good citizenship through active participation in the coordination of student affairs of.

III. Requirements and meetings.

• Every applicant and member of the SGA must have a GPA of at least 3.0, be a student in good standing with the administration (having never had an expulsion or served an OSS and has not served ISS or detention in the past school year), and be able to perform the duties of office. Do not turn in an application if you know you do not meet these criteria.

• Meetings will be held once a month afterschool on a day the elected officers will decide upon in Mrs. Ballew's room, room 303.

• Members will be required to earn 50 points each semester. Failure to earn full points will result in expulsion from the club and the inability to participate during the next school year.

• Membership dues of \$25 will be due after the application has been reviewed and accepted.

II. Do you understand that Student Government Association requires dedication, responsibility, hard work, & weekend and after school time? YES or NO

Do you understand that you will have to provide transportation to and from all meetings and activities? YES OR NO

Are you willing to make these commitments? YES or NO

I11. List all extracurricular activities you plan to participate in this school year (2017-2018):

1.	 4.	
2.	 5.	
3.	 6.	

V. I, ______, understand that as a member of Student Government Association and a leader of Hillcrest High School, I must set a good example for my peers. I will abide by all school rules and policies including those regarding the use of drugs, alcohol, and tobacco. I must maintain the points required each semester to stay in good standing. <u>I understand that failure to follow the rules and policies set by</u> <u>Hillcrest High School as well as those stated in the Student Government Association Constitution may result in my</u> <u>dismissal from Student Government Association.</u>

S	Student Signa	ture		
	Student Signa	ture		

VI. I have read the application and understand the commitment my child is making to Student Government Association.

Parent/Guardian Signature _____ date _____

date _____

This form is due back to Mrs. Ballew (Room 303) or Ms. Aultman (Room 304) by Tuesday, August 15th by 3:30pm. You must also have a teacher turn in his or her recommendation for you by this date (8/15).

Please return to Mrs. Ballew (Room 303) by Tuesday, August 15th. STUDENT GOVERNMENT ASSOCIATION Teacher Reference Form

TEACHERS: This student is applying for a position on Student Government Association for the 2023-2024 school year. I would like you to make careful selections regarding each area, as these characteristics are essential to the success of Student Government Association. If you have any questions regarding this form, please feel free to contact Jenna Ballew (jmballew@tcss.net). Thanks for your time and effort!

Please return these forms to Jenna Ballew no later than August 15th!

CANDIDATE: Please complete this section.

Student Name:	Grade:
Teacher:	
Course Name (subject/ level):	

TEACHER: Please complete this section.

Please rate the student in each area by circling the appropriate number.

(1-unacceptable...... 10-excellent)

Responsible	1	2	3	4	5	6	7	8	9	10
Resourceful	1	2	3	4	5	6	7	8	9	10
Cooperative	1	2	3	4	5	6	7	8	9	10
Reliable	1	2	3	4	5	6	7	8	9	10
Leadership	1	2	3	4	5	6	7	8	9	10
Preparedness	1	2	3	4	5	6	7	8	9	10
Creativity	1	2	3	4	5	6	7	8	9	10

Is this student res	pected by his/her peers?	YES	MAYBE	NO

Is this student a positive influence on his/her peers? ALWAYS SOMETIMES NEVER

Would you recommend this student for Student Government Association?STRONGLYWITH RESERVATIONSNO

Does the candidate have any other specific skills or characteristics that you think would benefit Student Government Association? Any additional comments?

Teacher Signature:		Date:	
Please return to	Mrs. Ballew (Room 30	03) by Tuesday,	August 15 th
	by 3:30 pm.		