

**Atlantic Cape Community College
Application**

Board of Trustees Student Representative

Name: _____

Address: _____

Phone: _____

Major: _____

Transferring: _____

Employed by: _____

Please attach to this application your resume and a brief statement (two paragraphs) explaining why you decided to apply for this position.

List below any clubs or activities that you participated in while at Atlantic Cape Community College.

I hereby give my permission to release any or all information on this application and/or its attachment(s) in a letter/ballot to the members of the graduating class of Atlantic Cape Community College.

Applicant's Signature: _____

Date: _____

Completed applications must be sent by the designated deadline to the Dean of Students Office, Atlantic Cape Community College, 5100 Black Horse Pike, Mays Landing, NJ 08330.