

**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: _____

Please return the completed application along with your statement by March 5, 2010 to the Dean of Students Office, Atlantic Cape Community College, 5100 Black Horse Pike, Mays Landing, NJ 08330.