STUDENT TRUSTEE APPLICATION FORM LOS ANGELES COMMUNITY COLLEGE BOARD OF TRUSTEES

(Name) First Middle Last			Student I.D. No.	
Phone	(Best time to call)			
PERMANENT ADDRESS:			MAILING ADDRESS:	
Number	Street		Number	Street
City	State	Zip	City	State Zip
College Currently Attending			College Attending in Fall	
Transferable college	e units completed at c	olleges within the	Los Angeles Community College	e District:
Current Educational	l Objective (degree or	transfer major, or	Occupational Certificate title): _	
Degrees Earned:		Other Colleges Attended:		
Degree College		Date	Name of College	Dates Attended
		Date	Name of College	Dates Attended
Degree College		Date	8	Dates Attended
Degree College Classes Presently E	nrolled in:	Date	6	Dates Attended
	nrolled in: Name	Date	Date & Time	
Classes Presently E	Name		Date & Time	Room Number
Classes Presently E			Date & Time	Room Number
Classes Presently E	Name		Date & Time	Room Number
Classes Presently E	Name		Date & Time	Room Number

Board Policy 2015 & Board Policy 2105

STUDENT TRUSTEE APPLICATION FORM (continued)

Required Documents:

- Attach your Campaign Statement: Please compose and type a campaign statement of no more than 200 words. Your statement may include: whether you are a full or part-time student whether you are a day or evening student, your length of enrollment in LACCD Colleges, why you wish to attain the office of Student Trustee, previous involvement in campus or community affairs, and any other information that may assist your candidacy
- Attach at least one Letter of Recommendation written by a member of the college community. Letter may be from a student, faculty, or administrator.
- Email headshot of yourself to <u>floresm10@lavc.edu</u> This photo will be used for Election Campaigning purposes. (Picture or PDF only)