

# Trinity Student Council Application

**Applicant Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Job(s) Applying For** (check only two that you would qualify for)

\_\_\_ Student Council President \_\_\_ Student Council Treasurer \_\_\_ Student Council Secretary

\_\_\_ 8th Grade Rep \_\_\_ 7th Grade Rep \_\_\_ 6th Grade Rep \_\_\_ 5th Grade Rep

**In 5-6 sentences explain why you'd like to be a part of the student council.**

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I, \_\_\_\_\_, am applying for the above positions on Trinity Lutheran School Student Council and my teacher recommendation is stapled to this application. I am aware that I may not be approved for election ballot status if I do not meet any of the eligibility requirements.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Parents/Guardians

I am aware that my child, \_\_\_\_\_, has applied to be part of Trinity Lutheran School Student Council. I am also aware that if elected to Student Council, this may require time outside of the school day for meetings/activities and am committed to getting my child to all student council activities if possible.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Applications are due by April 3rd to Ms. Jahr**

**For School Team Use Only**

Application Turned In On Time	Meets Academic Eligibility	Recommendation Letter	Additional Notes

**Approved For Ballot (circle):      YES                      No**