

BU DEMS ENVOY PROGRAM APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

Major:

Minor:

Expected Graduation Year?

HOME ADDRESS

Home Address:

City:

State:

Zip Code:

Phone:

Phone 2:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Name of other emergency contact if different from above:

Address:

Phone:

City:

State:

Zip Code:

CURRENT ACTIVITIES (POLITICAL AND OTHER)

Are you a member of the BU Dems : Yes or No *(Please circle)*

Other student or non-student activities?

Registered Democrat: Yes or No *(Please circle)*

How long?

Month & Year Last Voted:

HAVE YOU BEEN RECOMMENDED BY A POLITICAL SCIENCE PROFESSOR? Y OR N (PLEASE CIRCLE)

If Yes - Name of political science professor(s)

E-mail

Phone

FULL TIME STUDENT OR PART TIME STUDENT (PLEASE CIRCLE)

SIGNATURE

I authorize the verification of the information provided on this form.

Signature of applicant:

Date: