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| **PETITION FOR THE OFFICE OF:**  |
| **FULL NAME:**  |
| **AGE: GRADE: GPA:**  |
| **ADDRESS:** |
| **CITY: STATE: ZIP CODE:**  |
| **PHONE NUMBER: EMAIL:**  |
| **PARENT/GUARDIAN NAME: PHONE:**  |
| **SCHOOL NAME: CITY:**  |
| **ADVISOR NAME: PHONE:**  |
| **Why are you petitioning for this office?** |
| **What leadership qualities/characteristics will you bring to this office?** |
| **What are you currently doing to enhance your BSU, Organization or Community?** |
| **List your extracurricular activities, awards/honors, hobbies, etc.** |
| **Do you currently hold an officer position at your school BSU? If yes, what position?**  |

**Submit form with attachments to UBSUC Central Region at** crubsucinfo@gmail.com.

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| **Additional Comments:**  |
| **Insert Photo/Headshot Below:**  |

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*Please call Angela Drew, UBSUC Central Region Advisory Board Secretary with any questions at (209) 484-3540.*