# Texas A&M Pre-Medical Society

# Philanthropy Committee Application – Alzheimer’s Association

Howdy!

Thank you for considering application to the Texas A&M Pre-Medical Society Philanthropy Committee! The officer team is looking forward to beginning the process of selecting an enthusiastic and dedicated committee.

The Philanthropy Committee is a sub-committee of the Texas A&M Pre-Medical Society. The mission of the committee is to raise funds and awareness for the Alzheimer’s Association. While participating in the committee will be rewarding and fun, it is also going to be hard work and an additional time commitment. It is a year-long commitment, that includes meetings every other week that will be held in the spring.

In order to be considered for an interview, you must:

* Be a member of the Pre-Medical Society
* Have a minimum 2.5 GPR
* Submit your application by the deadline – October 10th by 6 pm (before the Premed meeting)

**To submit your application fill out this form and email it to me at meganje@tamu.edu.**

I am looking forward to reviewing your application. If you have a resume, you may attach it to this application. Please feel free to contact me with any questions or concerns!

Thank you,

***Megan Emiliani***

Texas A&M Pre-Medical Soceity Philanthropy Chair, 2017-2018

(832)-955-8538

meganje@tamu.edu

# Texas A&M Pre-Medical Society

# Philanthropy Committee Application – Alzheimer’s Association

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| Contact | |
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| Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-mail | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Major | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Classification | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Overall GPR | \_\_\_\_\_\_\_\_ |
| (If this is your first semester, list your overall high school GPA) |  |

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| Interests | |
| List some of your interests and hobbies (may be attached) | |
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| Previous Experiences | |
| List some personal experiences you have dealing with community service, philanthropy, or Alzheimer's disease. (may be attached) | |
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| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a committee member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. | |
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| Name (printed) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |