

Applicant Data (Section 1 of 4):

Please complete the following information:

Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
College/University:	<input type="text"/>
Chapter:	<input type="text"/>
Date of Initiation:	<input type="text"/>
School Address:	<input type="text"/>
School Phone:	<input type="text"/>
Email:	<input type="text"/>
The school address is effective until:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>
Email (if different than above):	<input type="text"/>

Academic Background (Section 2 of 4):

Please complete the following information:

Major Field of Study:	<input type="text"/>
Minors (if applicable):	<input type="text"/>
Cumulative GPA:	<input type="text"/>
Anticipate Date of Graduation:	<input type="text"/>
College subjects of greatest interest:	<input type="text"/>

Open Response (Section 3 of 4):

Sorority and Inter-Greek Experience – list your accomplishments in Sigma Sigma Sigma and highlight specific contributions you have made to your chapter and the campus Greek community.

Campus and Community Activities – please list all activities, organizations, and service areas in which you have made significant contributions. Indicate leadership positions held in other honors and awards in which you have distinguished yourself.

What major challenges do you see facing Greeks in the next 5-10 years and how would you address these issues?

How will the Sigma Sigma Sigma Leadership Consultant program fit into you future career and/or educational plans?

Give a brief appraisal of yourself. Include a discussion of your strengths as well

as your areas you would like to further develop.

## References (Section 4 of 4):

List the individuals whom you have requested to send letters of recommendation. Include name, title, and relationship.

### Reference 1:

Name & Relationship	<input type="text"/>
Title	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

### Reference 2:

Name & Relationship	<input type="text"/>
Title	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>

Name the AAB, National Officers, or Leadership Consultant you have requested to submit the Leadership Consultant Recommendation Form. Indicate name and title.

Name:	<input type="text"/>
Title:	<input type="text"/>

## LC Application - 2007

Email:

## Application Complete

By typing my name below, I am acknowledging that the information submitted in the application and all other required information is accurate and true.

Electronic signature: