Illinois Eastern Community Colleges Student Advisory Board Application

Thank you for your interest in serving on the IECC Student Advisory Board (ISAB). Please submit your application by the deadline indicated to the IECC Dean of Students, Cassandra Goldman, at goldmanc@iecc.edu

Please take your time and answer the following questions thoughtfully. If you need extra room for your answers, please attach additional sheets and indicate which question(s) you are providing additional information for.

If you have any questions, please contact the IECC Dean of Students, Cassandra Goldman, at goldmanc@iecc.edu

Candidates for ISAB will be notified by their IECC email about the status of their applications.

PLEASE TYPE OR PRINT

TELASE TITE OR TRIVI	
Name:	Student ID: 910
Date of Birth (Month/Day/Year):	Phone Number:
IECC Email:	Non-IECC Email:
IECC Address (If different than Permaner	nt Address):
1. Why have you applied for the ISA	AB?
2. What activities/volunteer work as	re you currently involved in? (School clubs, sports, etc.)

3. Please read the ISAB Bylaws, which are posted on the IECC website. How would you

contribute to or advance the ISAB objectives if selected for membership?