

Candidate Application Form for Undergraduate Director

1. Name: _____ 2. Initiation Number: _____
3. Address: _____

4. Telephone Number: _____ 5. Fax Number: _____
6. E-mail Address: _____
7. Chapter: _____ 8. University: _____
9. Cumulative GPA: _____ 10. Class Status: FR ___ SOPH ___ JR ___ SR ___
11. Birth Date: _____ 12. Graduation Date: _____
13. Pre-College Activities: _____

14. College Honors and Leadership Positions Held: _____

15. Chapter Offices: _____
16. Service Activities: _____

17. Fraternity Involvement Beyond Chapter: _____

18. Service to Agriculture: _____

19. Special Accomplishments, Goals and Outlook: _____

20. **Candidates are to have two (2) supporting letters submitted by non-collegiate members. The Chapter Adviser must provide confidential input by letter regarding the candidate. A color photo is requested for publication purposes.**

Signature of Proposer

Date