



**NOTE: Deadline February 15, 2019**

## Collegiate Advisory Council Application

1. Name: \_\_\_\_\_ 2. Initiation Number: \_\_\_\_\_

3. Chapter: \_\_\_\_\_ 4. University: \_\_\_\_\_

5. Address: \_\_\_\_\_  
\_\_\_\_\_

6. Phone Number: \_\_\_\_\_ 7. E-mail Address: \_\_\_\_\_

9. Cumulative GPA: \_\_\_\_\_ 10. Class Status:    SOPHOMORE    JUNIOR

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 also provide confidential input by letter regarding the candidate. Please email to [becky@alphagammarho.org](mailto:becky@alphagammarho.org)**

**A high resolution color photo is requested for publication purposes.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date