

Student Alumni Gold Club
Application for Membership

FERRIS STATE UNIVERSITY

STUDENT ALUMNI GOLD CLUB

Dear Nominee,

Please type in your information and short responses and have two credible sources complete the recommendation forms which will electronically send to our email account.

Recommendations may be from any combination of alumni, professors, deans, staff, administrators, coaches, or a current SAGC member (only one student recommendation please). The deadline for the completed application (including the three recommendation forms) is due no later than **Friday, November 12**. Failure to do so will result in a status of incompleteness and you will no longer be considered for membership.

If you have any questions, comments, or concerns about Student Alumni Gold Club or the application process, feel free to contact me at **(231) 206-4427 or rushfos@ferris.edu**. You may also contact the Student Alumni Gold Club advisor, **Ben Withey, at (231) 591-3835 or Benjaminwithey@ferris.edu**.

Thank you for your interest in our organization, and I wish you the best of luck throughout the new member process!

Sincerely,

Sidni Rushford,
New Member Coordinator, Student Alumni Gold Club

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❖ **PERSONAL INFORMATION**

Full Name: _____

Preferred Name (For SAGC Nametag): _____

Local Address: _____

Phone: _____ Email: _____

Ferris State University Student ID Number: _____

❖ **ACADEMIC INFORMATION**

Academic College: _____

Major: _____ Minor(s): _____

Have you completed at least one semester at Ferris State University? Yes No

Are you currently a full time student (at least 12 credits)? Yes No

Expected Graduation Month/Year: _____ Are you in honors? Yes No

❖ **T-SHIRT INFORMATION**

T-Shirt Size: Adult's S M L XL XXL

Dress Shirt Size: Men's S M L XL XXL

 Women's S M L XL XXL

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❖ **CURRENT EMPLOYMENT**

Please list any current on or off campus employment:

Employer	Hours Per Week	Duties

❖ **CAMPUS INVOLVEMENT**

Please list any involvement in extracurricular activities and any offices held.

**Freshman and Sophomore students may include high school activities if necessary.

Activity/Group	Dates Involved	Offices Held

❖ **SHORT RESPONSES**

Please answer the following five questions to the best of your ability.

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1. Choose one activity from your list and briefly describe its most rewarding aspects.
2. Please describe the person who has influenced you the most and why.
3. What do you hope to gain through membership in the Student Alumni Gold Club?
4. Briefly explain why you chose Ferris State University.
5. If you were to describe yourself in one word, what would it be and why?

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❖ **APPLICANT SIGNATURE**

I, _____, Verify that the information provided for the Student Alumni Gold Club application is true. I understand that at if any point in the application process information is found to be false, I will be removed from consideration.

Signature

Date

Please return your completed application to the Alumni Office located in

Prakken 101.