



ELECTIONS COMMITTEE APPLICATION

Instructions: Submit this form via email (save and include as an attachment) to the Coordinator of Student Activities and Leadership, [Nicole Shimabuku](#).

Last Name		First Name	Middle Name
NSHE ID	Email		
Primary Telephone		Alternative Telephone	
Desired SGA Position	Current Cumulative GPA	Number of Credits	

Please answer the following questions

Why are you applying for the Elections Committee?

What skills/experience do you have that will aid you in this position?

- By checking the box below I affirm that I:**
- Have read the current SGA Elections Packet, Elections Committee Application, and SGA Constitution, and understand the duties and responsibilities required to be a committee member.
 - Understand if there is a violation of any matter pertaining to my role on the Elections Committee; the repercussion of those actions will subject me to TMCC Constitution/TMCC Election Rules/Student Code of Conduct regulations.
 - Agree to be completely non-partisan during the duration of my Elections Committee Membership.
 - Do hereby certify the above and foregoing information, to my knowledge to be true and correct.

I have read and understand the statements above Date