



Emerging Leaders Program Application

Please print the following information.

Name: _____ University ID #: _____

Address (Campus/Local): _____

Phone Number: _____

E-mail Address: _____

Class Standing: FR SO JR SR GRAD

Major(s): _____ Minor(s): _____

1. Please list pertinent activities (and leadership positions) in which you have participated.

2. Why are you interested in the Emerging Leader Program?

Each student applicant must sign this release of Information Authorization. The following criteria have been approved, as well as the time of appointment to these positions. The applicant gives permission to have information on each item released by the University to the Student Government Association:

Criteria:

- Must be in good standing;
- Must not currently be on disciplinary probation;
- Must be a full-time student; and
- Must have a minimum of a 2.0 GPA.

I have read the above information, understand it and with this signature I hereby give permission for the Student Government Association to obtain information from the University regarding each of the criteria as stated above. I have provided my University Identification Number to help facilitate this process.

Signature: _____ Date: _____

**Please return your completed application to Student Body Vice President Grant Chassy
in the Student Government Association office (Room 375 Student Services Building) or by email
[yagsmchass@ilstu.edu](mailto:ypsagmchass@ilstu.edu)**