



ADVOCACY COUNCIL

FOR STUDENTS

Application Form

Name: _____ Student ID # : _____

Local Mailing Address: _____

Phone (H): _____ Phone (W): _____ Phone (C) : _____

Email Address (@hawaii.edu)*: _____

Alternate Email Address : _____

College: UHH HawCC Current Academic Status (Fresh, Soph, Jr. Sr.): _____

Major: _____ Number of Credits currently enrolled in: _____

Leadership/Service Experience:

How many hours a week would you be able to commit to the Advocacy Council for Students?

What are your areas of interest related to the Advocacy Council for Students?

Please include a copy of you class and work schedule.

Signature: _____ Date: _____

200 W. Kawili St.
Hilo, HI 96720
Campus Center Room: 313
Phone: (808) 933-3459