



East Stroudsburg University Alumni Association

Alumni Board of Directors *Application Form*

The information you provide will be used to review your qualifications for potential appointment to the Alumni Association Board of Directors.

Name _____
(First) (Middle) (Last) (Maiden)

Address _____

Phone _____
(Home) (Work or Cell)

eMail Address _____

Current or Last Employer _____

Title _____ **Years at Employer** _____

Do you have family members or relatives who attended ESU?

Please include names, relationship, and years of attendance.

Education Information

ESU Degree/Major and Graduation Year _____

Other Degrees (include institution and degree)

Groups / Activities while attending ESU



East Stroudsburg University Alumni Association

Professional Awards and Achievements

Please include a description of the award and year received.

Nominator's Statement

Please provide your endorsement of this candidate, and explain how his/her qualifications and experiences will help to promote and/or advance the goals of the ESU Alumni Association.

Nominator's Name, Address and Phone Number

Candidate's Signature _____ **Date** _____

Nominator's Signature _____ **Date** _____

Additional pages or documents may be attached.

Thank you for your interest in the East Stroudsburg University Alumni Association Board of Directors. Application Forms will be maintained in an active file status for review for two years.



East Stroudsburg University Alumni Association

This section for Board Use Only

Status: _____ Date: _____

Status: _____ Date: _____

Status: _____ Date: _____