

NOMINATION FORM FOR ESU ALUMNI BOARD

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

First Name

Middle Name

Last Name

Name at ESU graduation if different from above

Address Line 1

Address Line 2

City

State

Please Choose

Zip Code

Cell Phone

eMail Address

Current or Last Employer

Title:

(optional) Upload your resume here

Do you have family members or relatives who attend/attended ESU?

<Select>

Yes

No

Please Choose

Education Information

ESU Degree/Major

Graduation Year

Other Degrees (include institution and degrees if applicable)

Groups / Activities while attending ESU _____

New:

Describe any involvement that you have had with ESU and its associated organizations (Alumni Association, fraternities, sororities, etc.) since graduation.

NEW!

Please include three references. Select individuals who know you well and can speak about your skills and abilities, as well as your ability to work in a team environment. Include their name, phone number where they can most likely be reached, and identify your association with them (current or former employer, former ESU professor, etc.)

Person #1

Full Name, _____

Email: _____ Phone Number _____

Association with reference: _____

Person #2

Full Name, _____

Email: _____ Phone Number _____

Association with reference: _____

Person #3

Full Name, _____

Email: _____ Phone Number _____

Association with reference: _____

New:

What do you hope to achieve by joining the Board of Directors of the Alumni Association?

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.