

ASSOCIATED STUDENTS OF SOLANO COLLEGE

4000 Suisun Valley Rd., Fairfield, CA 94534 +1 (707) 864–7268 www.solano.edu/assc/



ASSC EXECUTIVE BOARD & SENATE APPLICATION

Before filling out and turning in your application, read the *ASSC Constitution and Bylaws* for more information regarding specific eligibility requirements and the duties of Executive Board Officers and Senators.

PERSONAL INFORMATION							
Date:			Semester:				
Name:							
Address:							
SCC ID:			Email:				
Cell Phone:			Alt. Phone:				
EDUCATIONAL BACKGROUND & ELIGIBILITY							
Major(s)/Educational Goal:							
Expected Year of Transfer or Graduation:							
Position(s) you are applying for: (list them based on priority)		Eligibility Requirements:					
1.		Are you available on Fridays from 12:30 PM - 2:30 PM PST?				Y	N
2.		Are you available on Wednesdays from 12:30 PM - 2:00 PM PST?				Y	N
3.		Are you planning to take and maintain at least 6 units during the semester?				Y	N
Qualifications: Please list and describe, briefly, any skills, experiences, classes, or courses that you have had that you feel qualify you for the position(s).							
Signature:			Da	ate:			
Emergency Contact Information:							
Name:			Ph	one:			