



Application

AAUW NY State – Student Advisory Council (SAC)

NAME: _____
LAST FIRST MIDDLE

Are you a current college student in NY State? Yes No Class of: _____

College/University: _____ Major: _____ GPA: _____

CAMPUS ADDRESS:

All information will be sent to this address unless you notify us of a change.

NUMBER AND STREET APARTMENT NUMBER

CITY STATE ZIP CODE

E-MAIL: _____

HOME PHONE: (_____) ALT. PHONE: (_____)

PERMANENT/ALTERNATIVE ADDRESS:

NUMBER AND STREET APARTMENT NUMBER

CITY STATE ZIP CODE

E-MAIL: _____

HOME PHONE: (_____) ALT. PHONE: (_____)

I identify as (optional – check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Asian/Asian American/Pacific Islander/
South Asian | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Someone with a disability |
| <input type="checkbox"/> Hispanic/Latina/Chicana | <input type="checkbox"/> Lesbian/Gay/Bisexual/Queer |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Transgender/Genderqueer |
| | <input type="checkbox"/> Intersex |

How did you hear about the NY State Student Advisory Council?

- AAUW NY State Website
- Twitter
- Facebook
- Campus Administrator/Faculty
- Friend or family member
- AAUW member
- E-mail
- Newsletter
- Other: _____

If accepted, will you plan to attend the Summer Leadership Conference at Cazenovia College, July 24th-26th?

- Yes No

In the space below, please provide a brief statement about your interests in being on the SAC.

NOTE: All information MUST be filled in completely. You must list **two** individuals whom we may contact as references. We encourage you to list teachers, employers, counselors, and community members who know you well enough to assess your qualifications. **You may NOT list friends or relatives as references.**

Name: _____ Phone Number: () _____

Organization: _____ Position/Title: _____

E-Mail: _____

In what capacity has this individual known you? _____

Name: _____ Phone Number: () _____

Organization: _____ Position/Title: _____

E-Mail: _____

In what capacity has this individual known you? _____

CERTIFICATION

By signing this application, you are stating that all of the information provided is true and answered to the best of your knowledge. In addition you are certifying that you are in good academic and disciplinary standing at your college/university. Unsigned or incomplete applications will not be considered.

Signature

Date

Mail or return completed application to:

Angela Clark-Taylor, AAUW-NYS College/University Director

University of Rochester

Box 270434

Rochester, NY 14627

angela.clark-taylor@rochester.edu

(585) 275-6948

AAUW has been working to empower women and advance equity for more than 130 years. To learn more, visit our website at www.aauw.org. You can also follow AAUW on Twitter (@AAUW) and on Facebook (www.facebook.com/AAUW.National). Follow AAUW of New York State on Twitter (@AAUWNY) and on Facebook (www.facebook.com/AAUW.NYS).