



Application for Helena College SGA Senator

Name: _____

Program: _____ Phone Number: _____

Date: _____ Student Email: _____

Have you read the SGA Constitution? Yes No

Please check next to the Requirements List.

<u>Yes</u>	<u>No</u>
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| | 1. Will you be enrolled in at least one credit at Helena College? * |
| | 2. Will you be available for SGA Meetings on Mondays at Noon? * |
| | 3. Will you be available for Committees as they arise in SGA? |
| | 4. Will you be willing to attend SGA Sponsored Events? |
| | 5. Would you be interested in being involved with Montana Associated Students? Please ask for more information if interested. |

Please use the space below to explain why you are interested in Helena College Student Government Association (HCSGA).

*Required to apply