



Florida Caribbean Students Association, Inc.

Leadership Application

Term 2008-2009

Dear Candidate:

We thank you for your interest in serving FCSA, Inc. Please review the eligibility requirements below and submit the completed application by specified deadlines.

AVAILABLE POSITIONS:

Elected

- President
- Vice-President
- Secretary
- Treasurer
- Public Relations Officer
- Six (6) District Directors

Appointed

- Delegates (by each member organization)
- Parliamentarian
- Community Service Committee Chair
- Scholarship Committee Chair
- Fundraising Committee Chair

QUALIFICATIONS:

- All candidates for elected seats must be registered for at least nine (9) credits as an undergraduate student matriculating at colleges or universities in the State of Florida.
- Candidates for President and Vice-President must have a minimum GPA of 3.0; all other officers must have a minimum GPA of 2.75.
- Will not be serving on another executive board in any organization registered with the Association.
- Candidates for President of the Association shall have been an Executive Board member of an Association active member organization, unless elected as a delegate to the Association by their respective organization.
- All candidates must have been an active member of the Association for at least one (1) (of the past two years) fiscal year.
- District Directors must attend school within the same District he/she is running to serve
- Must be in good standing with the Association.
- Must be knowledgeable of parliamentary procedures as prescribed by *Roberts Rules of Order, Newly Revised*.

APPLICANTS FOR ANY POSITION MUST SUBMIT:

- A completed application containing all relevant information. Please indicate your membership in any organizations, extracurricular activities and the amount of time devoted to the respective organization or activity.
- Enclosed confirmation form completed by registrar's office of your current institution, verifying good academic standing. The form should ***bear the school's official seal/stamp***.
- A maximum 750 word statement explaining why you are running for the position you have chosen, what you plan to do once in the position, and why you are an ideal candidate for the job.



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TIMELINE

Elections Workshop, Open Nominations: Saturday, February 16, 2008

Application Forms, Confirmation Forms and Personal Statements: Due by Saturday, March 22, 2008

Close of Nominations: Saturday, March 22, 2008

Election Date: Saturday, April 5, 2008

Swearing-in Ceremony: Saturday, April 5, 2008

OTHER IMPORTANT INFORMATION:

- Please review the Constitution and Bylaws of the Association for detailed descriptions of each position.
- Elections shall occur, Saturday April 5, 2008 at the 34th Bi-Annual FCSA Conference hosted by Caribbean Students Association at the Florida International University, Miami.
- Candidates may apply for a maximum of two positions, but must declare by Election Day which one to run for.
- ALL CANDIDATES MUST ATTEND THE CANDIDATES MEETING ON _____, TIME TBA.**
- Completed applications may be submitted via email to: ***fcsa_alumni@yahoo.com*** or mailed to:

**Re: FCSA Elections
Deidra Lawrence
2320 SW 86 Way
Miramar, FL 33025**



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Last Name: _____	First Name: _____
School: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
E-Mail: _____	
Telephone #: (Home) _____	(Cell) _____

Clubs and Organizations

Please list any clubs or associations you are affiliated with.

ORGANIZATION NAME	OFFICE HELD	LENGTH OF OFFICE	HOURS (Per Week)
1.			
2.			
3.			
4.			
5.			

Honors and Awards

Please list any academic or service awards you have received.

AWARD	ISSUED BY	DATE
1.		
2.		
3.		
4.		
5.		

Other Extra-Curricular Activities

Please list any clubs or associations you are affiliated with.

ACTIVITY	HOURS (Per Week)
1.	
2.	
3.	
4.	
5.	

I, _____, do certify that I have read and understand the terms of this application,
(Please Print Name)
 and that the data I submit in this application is true and correct. I am also aware all the information provided is subject to verification, and a term in office shall be cut short upon proof I have falsified any information.

(Applicants' Signature)

(Date)



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Confirmation Form

Please have this form completed and signed by your registrar's office to confirm you are in good academic standing.

Student Name: _____ GPA: _____

School: _____

Academic Standing: _____ Enrollment Status: Full Time _____ Part Time _____

Amount of Credit Hours Enrolled this Semester: _____ Projected Graduation Date: _____

Classification/Year: Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____

FORM COMPLETED BY:

Personnel's Name: _____ Title: _____

Signature: _____ Date: _____

By signing this form you hereby certify the information above is true and correct.

Please affix school stamp/seal below. Thank You!

FCSA Official use only:

Date: _____ Initials: _____

Approved: Yes _____ No _____

Comments: _____