Student Foundation Association Application

Name _____
First Middle Last

Social Security Number _____

Address _____
Street City State Zip

Phone Number (_____) _____ or (_____) _____
Home Work

Major _____ Minor _____ Classification _____ GPA _____

Islander Information (** you may attach additional sheets if necessary**)

Please list any organizations and positions you are a part of at TAMU-CC.

_____

_____

High School Information

High School Attended _____ Year Graduated _____

Please list any activities and community service you took part in

_____

_____

_____

Please give a brief statement on how you would benefit the student foundation

_____

How did you hear about the Student Foundation? _____

Please sign below

By signing this form I give Student Foundation permission to check to see that I am within good standing with the University and understand that this is a requirement of membership with this group.

_____ _____
Signature Date

Please print and mail or deliver completed application to:

Texas A&M University-Corpus Christi
Student Foundation Office
6300 Ocean Drive, USC 210D
Corpus Christi, Texas 78412
(361) 825-5558