Associated Student Organization
www.lamc.edu/aso
Senator Application

Name: ____________________________________ Student ID#: ____________________
Address: ______________________________________
City: _________________ State: ___ Zip: _________
E-mail: _______________________________ Phone: _________________
Position(s): ______________________________

1. Write a brief paragraph about yourself.

2. What is your definition of a Student Government?
3. Why do you think you qualify for a Senator’s position?

4. If you were to obtain a Senator’s position, what will be your goals to make the Student Government better? How would you approach these goals?

5. Have you completed a minimum of 6 units in a community college of LACCD?
   Yes___  No___

6. Do you have a 2.0 GPA or better? Yes ___  No ___

7. Have you paid your A.S.O. fee? Yes ___  No ___

8. Have you held office an A.S.O. (appointed/elected) in a community college of LACCD?
   Yes___  No___

Good luck and thank you for considering working with the A.S.O.

*Note: Applicants will be interviewed for available positions