STUDENT TRUSTEE APPLICATION FORM
LOS ANGELES COMMUNITY COLLEGE BOARD OF TRUSTEES

(Name) First Middle Last _____ Student I.D. No. _____

Phone _____ (Best time to call)

PERMANENT ADDRESS:

Number Street _____

City State Zip _____

College Currently Attending _____

MAILING ADDRESS:

Number Street _____

City State Zip _____

College Attending in Fall _____

Transferable college units completed at colleges within the Los Angeles Community College District: _____

Current Educational Objective (degree or transfer major, or Occupational Certificate title): _____

Degrees Earned:

Degree College Date _____

Degree College Date _____

Other Colleges Attended:

Name of College Dates Attended _____

Name of College Dates Attended _____

Classes Presently Enrolled in:

Name	Date & Time	Room Number

Employment Record:

Employer	Title/Duties	Address	Starting/Ending Dates

Board Policy 2015 & Board Policy 2105

STUDENT TRUSTEE APPLICATION FORM
(continued)

Required Documents:

- **Attach your Campaign Statement:** Please compose and type a campaign statement of no more than 200 words. Your statement may include: whether you are a full or part-time student whether you are a day or evening student, your length of enrollment in LACCD Colleges, why you wish to attain the office of Student Trustee, previous involvement in campus or community affairs, and any other information that may assist your candidacy
- **Attach at least one Letter of Recommendation written by a member of the college community**. Letter may be from a student, faculty, or administrator.
- Email headshot of yourself to [insert email]. This photo will be used for Election Campaigning purposes. (Picture or PDF only)