



State Officer Candidates

Qualification / Endorsement Form

Revised 09-2018

Please indicate the State Office

<input type="checkbox"/>	President	<input type="checkbox"/>	Historian
<input type="checkbox"/>	Vice President	<input type="checkbox"/>	Parliamentarian
<input type="checkbox"/>	Secretary	<input type="checkbox"/>	Sgt. At Arms
<input type="checkbox"/>	Chaplain		
<input type="checkbox"/>	North Region VP	<input type="checkbox"/>	South Regional VP
<input type="checkbox"/>	Central Regional VP	<input type="checkbox"/>	Panhandle Regional VP

Full Legal Name _____

Home Address _____

City _____ Zip Code _____ Area Code _____ Home Phone _____

School Name _____

School Address _____

City _____ Zip Code _____ Area Code _____ Phone _____

Chapter Advisor _____ Program CJ TA FF

Cumulative Grade Point Average _____ School Year 10th 11th

Based on 4pt Scale

Activities, honors, offices held: (Attach additional sheet, if necessary)

I, _____, having studied the duties of the office to which I aspire and having met all requirements, do hereby apply to be a candidate for the office of _____

Candidate's Signature

Advisor's Signature

Parent / Legal Guardian's Signature

Guidance Counselor's Signature

Principal's Signature

Date Mailed