|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State Officer Candidates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qualification / Endorsement Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Revised 01-2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the State Office | | | | | | |  |  |  | President | | | | | | | |  | | |  | | Historian | | | | | | | | |
|  | | | | | | |  |  |  |  | | | | | | | |  | | |  | |  | | | | | | | | |
|  | | | | | | |  |  |  | President Elect | | | | | | | |  | | |  | | Parliamentarian | | | | | | | | |
|  | | | | | | |  |  |  |  | | | | | | | |  | | |  | |  | | | | | | | | |
|  | | | | | | |  |  |  | Secretary | | | | | | | |  | | |  | | Sgt. At Arms | | | | | | | | |
|  | | | | | | |  |  |  |  | | | | | | | |  | | |  | |  | | | | | | | | |
|  | |  |  | North Region VP | | |  |  |  | Panhandle Regional VP | | | | | | | |  | | |  | | Chaplain | | | | | | | | |
|  | | | | | | |  |  |  |  | | | | | | | |  | | |  | |  | | | | | | | | |
|  | |  |  | South Regional VP | | |  |  |  | Central 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, officers 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 | | | | | | | | | | | | | | | |