# Recognition Application for Student Organizations

Thank you for your interest in starting a new organization at Lee College. The Student Government Association (SGA) that recognizes new organizations on campus is looking forward to reviewing your application. Please take the time to read and complete the following. You may attach additional information if desired.

#### **General Contact Information**

| Submitter Name:                                                                                    |  |
|----------------------------------------------------------------------------------------------------|--|
| Position in Organization/Club:                                                                     |  |
| Phone Number:                                                                                      |  |
| Email Address:                                                                                     |  |
| Faculty/Staff Advisor:                                                                             |  |
| Phone Number:                                                                                      |  |
| Email Address:                                                                                     |  |
| Organization Information                                                                           |  |
| Name of Proposed Organization/Club:                                                                |  |
| Is there another name your organization will be identified as? (Greek letters, abbreviation, etc): |  |
|                                                                                                    |  |
| What is the general purpose of this Organization/Club:                                             |  |
|                                                                                                    |  |
|                                                                                                    |  |
| Is this club affiliated with a national organization? If so, please be specific:                   |  |
|                                                                                                    |  |
|                                                                                                    |  |
| The prospective membership will be:                                                                |  |
| , , , , , , , , , , , , , , , , , , ,                                                              |  |
|                                                                                                    |  |

| What are your outreach plans to encourage students to join? |
|-------------------------------------------------------------|
| The tentative membership will be:                           |
| Appendix I                                                  |

## **Financing**

Please check your anticipated funding source (check all that apply):

- Student Government Association
- Membership Dues
- Fundraising
- No funds are necessary

Please note that **ALL** money collected during your events must be deposited to your organization's account in the Cashier's Office within two (2) business days. **NO EXCEPTIONS.** Reports will be drawn on the third day to confirm deposit.

#### **Officer Contact Information**

| President of Organization:        |  |  |
|-----------------------------------|--|--|
| Phone Number:                     |  |  |
| Email Address:                    |  |  |
| Vice-President of Organization:   |  |  |
| Phone Number:                     |  |  |
| Email Address:                    |  |  |
| Treasurer of Organization:        |  |  |
| Phone Number:                     |  |  |
| Email Address:                    |  |  |
| Public Relations of Organization: |  |  |
| Phone Number:                     |  |  |
| Email Address:                    |  |  |

### Appendix I

Please note that ALL officers must have a cumulative grade point average (GPA) of 2.00 or higher, and must be enrolled in at least 6 semester credit hours in spring and fall semesters. In order to travel, officers and members must have a 2.25 or higher cumulative grade point average (GPA).

## **Prospective Membership**

| Name #1:                               |                                                                                              |
|----------------------------------------|----------------------------------------------------------------------------------------------|
| Name #2:                               |                                                                                              |
| Name #3:                               |                                                                                              |
| Name #4:                               |                                                                                              |
| Name #5:                               |                                                                                              |
| Name #6:                               |                                                                                              |
| Name #7:                               |                                                                                              |
| Name #8:                               |                                                                                              |
| academic year. Nan information list me | must attach a copy of the proposed club constitution, or general outline of the organization |
| club with this form                    |                                                                                              |
| Organizatio                            | on/Club Advisor:                                                                             |
| Student Go                             | overnment President:                                                                         |
| Student Ac                             | tivities Coordinator:                                                                        |
|                                        |                                                                                              |
| Date Subm                              | itted for Review:                                                                            |

