



**APPLICATION FOR STATE OFFICE**

**This is to certify that \_\_\_\_\_ is a  
candidate for the office of \_\_\_\_\_.**

**This candidate is a student in good standing at**

\_\_\_\_\_  
(School)

**and meets the qualification for this office.**

\_\_\_\_\_  
**Candidate**

\_\_\_\_\_  
**GANS Chapter President**

\_\_\_\_\_  
**Dean/GANS Advisor**

\_\_\_\_\_  
**Date**

**BIOGRAPHICAL INFORMATION**

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Martial Status:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

**Type of Program:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_

**Year in School:** **Freshman** **Sophomore** **Junior** **Senior**  
(Circle One)

**GOALS OF OFFICE / REASONS FOR APPLYING:**

**ACTIVITIES / HONORS:**

**BACKGROUND INFORMATION:** related to Nursing and/or GANS that will show leadership qualities and skills vital to the office you are seeking. (Include past and present employment, education, organization activities, or other information pertinent to the office you are seeking).

If elected, I agree to serve GANS to the best of my ability and I am aware of the time and effort that is demanded by the responsibilities outlined in the bylaws for the office, which I am being nominated. To the best of my knowledge, all statements made on this application are true. I also acknowledge receipt of and understand the guidelines for campaigning.

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Signature

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Date

**TO BE COMPLETED BY THE DEAN / GANS ADVISOR:**

**Do you feel that this student is capable of carrying out the responsibilities of the office without adversely affecting his/her clinical and academic performance? (Please explain)**

**Please list the reason(s) why you feel this student is qualified to serve this office.**

**It is the considered opinion of the faculty that this student's record of performance is satisfactory and the student will be able to devote the time and effort necessary to fulfill the duties of this office.**

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**Signature Dean / GANS Advisor**

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**School of Nursing**

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**Name of Candidate**

**Deadline for pre-slating is September 10, 2004. Please send applications to:**

**Malisa Holmes  
Floyd College  
83 Mission Ridge Drive  
Cartersville, GA 30120  
Phone: (770)-607-0887  
[lisa852000@hotmail.com](mailto:lisa852000@hotmail.com)**

