



Membership Application

Alpha of Clovia / 1200 Pioneer Lane / Manhattan, KS 66502 / 785-320-7970

Last Name

First Name

(_____) _____
Your Cell Phone Number

Permanent Address

(_____) _____
Your Home Phone Number

City

State

Zip Code

E-Mail Address

Date of Birth (MM/DD/YYYY)

Fathers Name & Occupation

Mothers Name & Occupation

Number of Brothers

Number of Sisters

High School

High School Attended

City

State

Date of Graduation

G.P.A.

Your Class Rank

Graduating Class Size

College

Intended Major

Intended Minor(s)

Have you attended college previously? _____

If you have attended college, list all attended

Cumulative College GPA

Year in School

Projected KSU Graduation Date

4-H Experience

Have you ever been a 4-H Member? Yes _____ No _____

If so, how many years? _____

Please list 4-H Leadership positions:

Please list 4-H projects and honors:

Please explain briefly which 4-H experiences have been of greatest value to you and why:

*Clovia is a 4-H based Cooperative Living House. Having been in 4-H is not required, but highly encouraged.

Involvement and Activities

Please list your high school activities:

Please list college activities you have participated in or are interested in participating in:

Involvement and Activities Continued

Please list any church and community activities and involvement:

List work experience and job responsibilities (if not applicable list responsibilities at home):

Describe your main hobbies and interests:

Alpha of Clovia

Clovia is a cooperative scholarship house for former 4-H members and others of a similar background. Define what you believe cooperative living means.

Why do you want to be a member of a cooperative scholarship house?

What factor(s) influenced you to consider Clovia?

References

Please include the names of three people who will submit a letter of reference. If you have been involved in 4-H please have a reference who can talk about your 4-H experience's. Other references could be teachers, church and community leaders, business professionals, etc.

Name

Occupation

(_____) _____
Contact Number

Years Known

Name

Occupation

(_____) _____
Contact Number

Years Known

Name

Occupation

(_____) _____
Contact Number

Years Known

Further Instructions

Please submit this application to:

alphaofclovia@gmail.com

OR

Alpha of Clovia
ATTN: New Membership Chairwomen
1200 Pioneer Lane
Manhattan, KS 66502

Please have your three references submit a letter of reference by mail.

You will be asked to attend a formal interview. If you are unable to attend the interview in person a skype or phone call will be arranged. **Business casual or professional attire is expected of the potential new member during the interview.**

If at any point you have questions feel free to contact alphaofclovia@gmail.com or call the house at 785-320-7970