



Membership Application

Alpha of Clovia / 1200 Pioneer Lane / Manhattan, KS 66502

Last Name

First Name

(____) _____
Your Cell Phone Number

Permanent Address

City

State

Zip Code

E-Mail Address

Date of Birth (MM/DD/YYYY)

Parent/Guardian Name & Occupation

Parent/Guardian Name & Occupation

Primary Parent/Guardian Cell Phone

Primary Parent/Guardian Email Address

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

What semester are you planning on moving into Clovia?

Leadership Experience

Describe your leadership roles, years in the role, and your responsibilities.
(Ex. 4-H, FFA, FBLA, FCCLA, NHS, etc.)

List your awards and/or honors:

Explain briefly which leadership role has been of greatest value to you and why:

Involvement and Activities

Describe any additional high school activities you have been involved in:

Describe college activities you have participated in or are interested in participating in:

Involvement and Activities Continued

Describe any church and community activities and involvement:

Describe your 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 leadership house for young women with leadership backgrounds.
Define what you believe cooperative living means.

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

What factor(s) influenced you to consider Clovia?

References

Please include the names of three people who will submit a letter of reference. 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:

alphaofclovvia@gmail.com

Please have your three references submit a letter of reference by email or mail them to 1200 Pioneer Lane Manhattan, Kansas 66502.

You will be asked to attend a formal interview. If you are unable to attend the interview in person a zoom 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 alphaofclovvia@gmail.com.