Texas A&M University-Corpus Christi
Student Foundation Association Application

Name: _____
Last First Middle

Banner ID Number: _____

Address: _____
Street City ST Zip

Phone number: (____)_____or (____)_____
Home Work

Major: _____ Minor: _____ Classification: _____ GPA: _____

Islander Information (you may attach additional sheets if necessary **)**

Please list any organizations and positions you are a part of at TAMU-CC.

_____

_____

High School Information

High School Attended: _____Year Graduated: _____

Please list any activities and community service you took part in:

_____

_____

_____

Please give a brief statement on how you would benefit the student foundation:

_____

How did you hear about the Student Foundation? _____

Please sign the following:

By signing this form I give Student Foundation permission to check to see that I am within good standing with the University, and understand this is a requirement of membership with this group.

_____ _____
Signature Date

This application should be mailed or turned into:

Texas A&M University-Corpus Christi
Student Foundation
6300 Ocean Drive, Unit 5741
Corpus Christi, Texas 78412
(361) 825-5558