



WINTHROP UNIVERSITY ALUMNI ASSOCIATION

BOARD OF TRUSTEES APPLICATION FORM

Application deadline is Tuesday, Sept. 7

****Please note that all members of the Board of Trustees must be primary residents of the State of South Carolina****

Date: _____

CANDIDATE PERSONAL INFORMATION

Name of Applicant: _____

Primary Residence Address: _____

Primary Phone: _____ Email Address: _____

Spouse's Name: _____

Is spouse an alumna/us of Winthrop University? Yes No If yes, graduation year(s): _____



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EDUCATION

Degree(s) and Year(s) of Graduation from Winthrop:

Degree(s) From Other Colleges (with Dates):



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SERVICE TO WINTHROP

Alumni Association:

Winthrop Foundation:

Athletics:

Other Service To Winthrop:



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CIVIC ACCOMPLISHMENTS

Describe your specific significant contributions that have benefitted the community, state, and nation, through public service, civic activities, social services, and membership and offices held in civic, social, and other community service organizations.



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PROFESSIONAL EXPERIENCE

Current Employer: _____

Business Address: _____

Business Phone: _____ Business E-Mail: _____

Former Employer(s): _____

Professional or Business-Related Membership(s): _____



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CANDIDATE STATEMENT

In your own words, please write a brief paragraph explaining why you would be an asset to serve in an alumni seat on the Winthrop University Board of Trustees.

Letters of recommendation and/or other supporting documentation may be attached.

Ten alumni signatures are required for Board of Trustees application. Please complete the Alumni Signature page on the following page.

If application is being submitted as a nomination for a fellow alumnus, please complete the Nominator Information form below.

*Submit the completed application and Alumni Signature page to
Lori Tuttle, executive director of alumni relations and reunion giving, at tuttle@winthrop.edu.*

Winthrop Alumni Association
Morgan-Holcombe Alumni Center
Winthrop University
304 Tillman Hall
Rock Hill, SC 29733
803/323-2145 • 800/578-6545
www.winthrop.edu/alumni



WINTHROP
UNIVERSITY

Alumni

REQUIRED ADDITIONAL ALUMNI SIGNATURES FOR APPLICATION

Each application form must include at least ten alumni signatures.

If more than ten signatures, please attach additional sheets.

Electronic signatures are accepted with date stamp.

1.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

2.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

3.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

4.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

5.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____



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Electronic signatures are accepted with date stamp.

6.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

7.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

8.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

9.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____

10.) _____
Print Full Name (First, Middle, Maiden, Last) Address (City/State/ZIP Code)

Signature: _____ Class Year(s) _____



NOMINATOR INFORMATION

If application is being submitted as a nomination for a fellow alumnus, please complete the Nominator Information below.

Name: _____ Class Year(s): _____

Address: _____

Primary Phone: _____ E-mail Address: _____