**Associated Students**

**Application for Student Club**

**(PLEASE PRINT)**

Fiscal Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. We the students of the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of the school), request permission to form a student club. A list of the students sponsoring this application is attached to this application.

II. This club will be called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 and will have as its purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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III. Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of certificated faculty member) will serve as the advisor for this club for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

IV. We have attached:

* A copy of the proposed constitution for this club.
* A copy of the proposed budget for this club for the current school year.
* Title, powers and duties of the officers and the manner of their election.
* Scope of proposed activities.
* List of students who are interested in starting this club and interested in becoming members.

V. Submitted by:

 Student Club Representative:

Signature, Title and Date

 Club Advisor:

Signature, Title and Date

**Approved by:**

 Principal/School Administrator:

 Signature, Title and Date

 ASB Student Council President:

 Signature, Title and Date

  Recorded in ASB Student Council Minutes on (date):