## Food Service Advisory Committee Committee Application

Name:			
	Last,	First	Middle
Mailing Address: _			Primary Phone:
			Email Address:
SSO ID:		<u>.</u>	Cumulative GPA
Major:			Minor:
Year in School:			Anticipated Graduation Date:
How long have you	u attended UMSL:_		Current semester credit hours:

## \*Signature:

The information which I have included on this application is true to the best of my knowledge. I understand that any falsification of information will lead to my dismissal from the Food Service Advisory Committee applicant pool. I also understand that I must maintain good standing and be an active student at UMSL if I am chosen to serve on the Committee.

By signing above, you acknowledge that the Office of Building Operations will verify your cumulative GPA at the University of Missouri—St. Louis. Additionally, you understand that if you are selected for a position on the Food Service Advisory Committee, the Office of Building Operations will verify your GPA at the start of each semester in which you serve on the committee.\*

## **Essay Questions:**

Please answer the following questions to your fullest capability on a separate sheet and attach it to your application before submitting.

- 1. Why are you interested in becoming a member of the Food Service Advisory Committee?
- 2. In what student organizations are you currently or have you previously been a member?
- 3. What ideas would you like to see brought to the Food Service Advisory Committee?
- 4. What is your vision of what campus dining should be?
- 5. Do you live on or off campus?
- 6. What do you believe is a benefit of having a Food Service Advisory Committee?

	Office Use Only	
Date Submitted: _		
Time Submitted: _		
Received by:		