

2019-2020
MISS TRENHOLM STATE COMMUNITY
COLLEGE REQUIREMENTS CHECKLIST

Official term in office to begin FALL 2019
Participation in SUMMER 2020
Leadership Training mandatory



Trenholm State
COMMUNITY COLLEGE

Students Services Division
334-241-4100

MISS TRENHOLM STATE COMMUNITY COLLEGE
APPLICATION REQUIREMENTS

QUALIFICATIONS FOR CANDIDACY

Academic Requirements

_____ *Full time Student*

_____ *Must be enrolled in Associate Degree Program*

_____ *Completed a full semester as a full time student at Trenholm State Community College with a minimum of 12 hours completed.*

_____ *3.0 Cumulative Grade Point Average (student must maintain a 3.0 cumulative average during the term of office)*

_____ *Student must have entered the sophomore year for the for the term which they are campaigning*

_____ *Good standing (No disciplinary or academic probation record)*

Application Packet Submission Requirements

_____ *Application must be submitted to the Student Services Division (Director of Enrollment Mgt) in person.*

_____ *Submit 3 letters of recommendations (two letters from instructors, one letter from someone in the community).*

_____ *Four (5) candidate photos: Business Attire, Evening Attire, Casual Attire, Semi-formal Attire, Headshot in Business Attire. Sent via email to: vallen@trenholmstate.edu. Solid backgrounds only please.*

_____ *Platform/Biography (written in an interview based format)*

_____ *Student must have a campus sponsor who agrees to be present at all activity sponsored events by the candidate*

Candidacy Requirements for Miss Trenholm

_____ *Official Candidate Contract signed and returned after being approved for candidacy by Dean of Students*

_____ *Candidates must at all times represent the ideals of a good citizen and inherent the missions of the college.*

_____ *Candidates must follow regulations stipulated in campaign rules in their packet.*

_____ *After becoming eligible for candidacy a candidate shall be responsible for obtaining a thorough knowledge of all election regulations. Ignorance of such regulations shall be no excuse for any breach or violation thereof.*

_____ *Miss TSCC must be able to provide her own wardrobe; ceremonial gown, business attire, dresses and attire for appearances (to be approved by SGA Advisor) No exceptions.*

_____ *Candidates for Miss Trenholm State Community College must be Female*

_____ *Candidates can have no children or become pregnant during reign*

_____ *Student must complete an Administrative/Executive Interview that will count as 25% of overall score*

_____ *Student popular vote counts as 75% of overall score*

Please do not submit packet without checking all items listed. This checklist should be submitted with application.
Incomplete packets will be disqualified.

Should you have any questions, please contact Ms. Valerie Allen-Porterfield, for more information 334-420-4464 or
vallen@trenholmstate.edu.

2019 - 2020

Miss. Trenholm State Community College
Application



Trenholm State
COMMUNITY COLLEGE

Division of Students Services
334-241-4100

Official term in office to begin FALL 2019
Participation in SUMMER 2020 Leadership Training Mandatory

(Please print or type both sides using black ink only)

NAME: _____ ID#: _____

ADDRESS: _____

The above address will be used for our official mailings. Please feel free to include another address if necessary.

PHONE#: _____ CELL#: _____ BIRTH DATE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE# _____

PARENT NAME(S): _____

Education:

PROGRAM OF STUDY: _____

CURRENT CLASS _____

EXPECTED GRAD. DATE _____

I attest that the above information is true and correct, and that proof thereof can be produced upon submission of this application. As a candidate of Miss. Trenholm State Community College title, I have met all of the requirements stated in the official Miss. Trenholm State Community College Candidate contract, and will abide by the rules and regulations set forth by the Miss. Trenholm State Community College Selection Committee and Trenholm State Community College

Candidates Printed Name: _____

Candidates Signature: _____ Date: _____

SPONSOR AUTHORIZATION

SPONSORS NAME: _____

SPONSOR'S ADDRESS: _____

SPONSOR'S NUMBER(S) _____

I agree to sponsor to above mentioned candidate and agree to be present at all activities sponsored by this candidate. I also agree to read and approve documents and attire required for this contest.

Sponsor's Signature: _____ Date: _____

FALL 2019-2020
STUDENT LEADERSHIP
Academic Verification Form



Students Services Division
334-241-4100

Position of Interest: _____

NAME: _____ ID#: _____

1. This document verifies that the above mentioned student has a institutional cumulative grade point average of _____.
2. This document verifies that the above mentioned student is currently classified as a _____ and has completed one full semester at Trenholm State Community College.
3. This document verifies that the above mentioned student has completed 12 or more credit hours at Trenholm State Community College. _____ YES _____ NO
4. This document verifies that the above mentioned student is enrolled in an associate degree seeking program. _____ YES _____ NO

Signature of Applicant

Date

(To be verified by the Office of Records and Registration)

Signature of Verifier

Date



Consent for Use of Image and Release from Liability Form

I, the undersigned, give **H. Council Trenholm State Community College** (Trenholm State) and/or its agent(s), employee(s) or representative(s) the consent to use my image in photographic, video or audio format.

I hereby grant my consent for any and all of said image formats listed above to be used by Trenholm State in the publication, transmission, and/or broadcast of college catalogs, and handbooks; informational brochures; flyers; videos; radio, television, website, or print advertising, and Trenholm State official social media sites, or in any other manner intended to promote and/or provide information about Trenholm State to the public or to the students and employees of Trenholm State.

I hereby release and hold harmless the State of Alabama, the Alabama Department of Postsecondary Education, H. Council Trenholm State Community College, and the respective officials, managers, employees, agents, representatives, successors, and assigns of each of the foregoing, from any and all liability, claims, causes of action, complaints, or grievances which I might otherwise have had against any of the foregoing as a result of or in relation to the usage, broadcast, or publication by Trenholm State of any of the above-referenced images.

Signature of Participant _____
Date

Name (please print full name) _____
Student I. D. #

Address _____
City/State/Zip Code

Phone# _____
Email Address

<i>FOR INTERNAL USE ONLY</i>		Ver. 03/03/2014
BLANKET CONSENT	TRENHOLM STATE - ALL SITES AND EVENTS	
Name of Event	Location	
STUDENT SERVICES	DIRECTOR OF ENROLLMENT MGT. EXT 4464	
Department/Program	Contact Name & Phone#	