**University of Missouri**

Fraternity Application

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | Date | |  | | | |
| Home Address | |  | | | | | | | | |
| Home Phone Number | |  | | | Cell Number | |  | | | |
| E-mail Address | |  | | | Myzou/Student# | |  | | | |
| Mother’s email | |  | | | Father’s email | |  | | | |
| Mother’s cell | |  | | | Father’s cell | |  | | | |
|  | |  | | |  | |  | | | |
| **Scholastic Information** | | | | | | | | | | |
|  | | | | | | | | | | |
| High School | |  | | | | | | | | |
| High School Grade Point Average | | |  | | High School Class Rank | | |  | Of |  |
| SAT Score | |  | | | ACT Score | |  | | | |
| Scholastic Honors and/or Awards | | |  | | | | | | | |
|  | |  | | |  | |  | | | |
| **Leadership Information** | | | | | | | | | | |
|  | | | | | | | | | | |
| Leadership Positions / Club or Committee participation | | | | |  | | | | | |
|  | | | | | | | | | | |
|  | |  | | |  | |  | | | |
| Leadership Honors and/or Awards | | |  | | | | | | | |
|  | |  | | |  | |  | | | |
| **Community Service Information** | | | | | | | | | | |
|  | |  | | |  | |  | | | |
| Service Performed | |  | | | | | | | | |
|  | |  | | |  | |  | | | |
| Service Honors and/or Awards | | |  | | | | | | | |
|  | |  | | |  | |  | | | |
| **Athletic Information** | | | | | | | | | | |
|  | |  | | |  | |  | | | |
| Athletic Experience | |  | | | | | | | | |
|  | |  | | |  | |  | | | |
| Athletic Honors and/or Awards | | |  | | | | | | | |
|  | |  | | |  | |  | | | |
| **Job History** | | | | |  | |  | | | |
| Dates | | Company | | | Achievement most proud of | | | | | |
| 1. | |  | | |  | | | | | |
| 2. | |  | | |  | | | | | |
|  | |  | | |  | |  | | | |
| **Personal References (Bosses, Teachers, Friends, etc.)** | | | | | | | | | | |
| Name |  | | | Email/Phone Number | |  | | | | |
| Name |  | | | Email/Phone Number | |  | | | | |
|  |  | | | |  | |  | | | |
| What do I expect to gain from joining a fraternity? | | | | |  | | | | | |
|  | | | | | | | | | | |
|  |  | | | |  | |  | | | |
| I authorize the verification of my information | | | | |  | | | | | |
|  | | | | | (Signature) | | | | | |

(rev. 5/4/15)