

STUDENT PROGRAMS PROGRAM APPLICATION

PLEASE PRINT OR TYPE RESPONSE

Attachments as required

Program Name: _____ **Date** _____

Faculty/Staff advisor: _____ **Extension** _____

Location: _____

Programs Vision, Mission, & Goals

Vision: *(Reflects a view of the program's preferred future state.)*

Mission: *Provides purpose, describing how the Program will achieve its vision. Emphasizes values, culture, and priorities of the club.*

Goals: *Specific and measurable activities that support the mission and help attain the vision of the club.*

How many Quarters has your club/Program been active? _____

How many students have been members of your club/Program? _____

How many students have participated in your club/Program events and activities? _____

How many Club/Program student officers do you have? _____

How much has your Club/Program Fundraised? _____

What Academic Programs and/or College Programs has your Club been engaged with, (Please give specific events and activates as examples)?

How do the Vision, Mission, & Goals benefit BCC students and/or community?

How does your program contribute to a curricular, co-curricular or extra- curricular element of the college ?

What BCC Programs and Academic Programs have agreed to partner with you if you become a program and how will they assist you?

How will you be better able to serve BCC if your Club becomes a Program?

Is your program supported or connected to an entity outside of BCC? If so please provide us with contact information _____

Main Contacts

1. Main Contact (First & Last) _____ **Student ID #:** _____

Email: _____ **Phone:** _____

By including contact information above, you are hereby a part of the ASBCC club/Programs list serve. If you do not wish to be apart of the club serve list please provide contact info elsewhere for a club member who is willing to be on the list serve.

2. Secondary Contact (First & Last) _____ **Student ID #:** _____

Email: _____ **Phone:** _____

By including contact information above, you are hereby a part of the ASBCC clubs/Programs list serve. If you do not wish to be apart of the club serve list please provide contact info elsewhere for a club member who is willing to be on the list serve.

The ASBCC club list serve will be used by students interested in joining your club/Program, in addition to ASBCC updates, and club event/activity information. Each club is required to provide contact information so that both students interested in your club as well as Student Programs staff may contact your club. A club roster may be attached to include additional members on the ASBCC club list serve (Please provide contact information).

Regular meeting date/time: _____

Location: _____

Other Information:

ADVISOR AGREEMENT

I have read and understand the Student funded Programs/Clubs policies and procedures, ASBCC Code of Ethics. In addition I agree that the Program is subject and will adhere to the ASG Constitution, ASG By-Laws, ASBCC Financial Code, ASBCC Code of Ethics and all other BCC Polices and Procedures.

Advisor Signature

Date

Approval Process:

Student Club President Signature if applicable

Date

Advisor Signature

Date

BCC Program/ Department Partner Signature

Date

BCC Program/ Department Partner Signature

Date

Approved by:

Assistant Dean of Student Programs Signature

Date