



Shaw University

Student Government Association

Student Elections Application

Name: _____

Classification: _____ Major: _____

Signature: _____

Date: _____

Name: _____

Classification: _____

Major: _____

Student ID Number: _____

CUM GPA: _____

Permanent Address: _____

Campus Address: _____

Bear Email: _____

Cell Phone: _____

Total Number of Earned Credit Hours as of the Fall 2026 Semester: _____

Do you have a disciplinary record? (*Highlight one*) YES NO

If yes, please explain _____

Name any current and/or past leadership position held during your tenure at Shaw University.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Position applying for (*Highlight one*):

EXECUTIVE BRANCH POSITIONS

President & Student Trustee

Executive Vice-President

Vice-President of Student Activities

Mister Shaw University

Miss Shaw University

LEGISLATIVE BRANCH POSITIONS

Senator (*1 Per Academic Department/Program*)

At-Large Senator (*1 Per Class*)

CLASS CABINET POSITIONS

Class President – FR SO JU SR

Class Vice President – FR SO JU SR

Class Secretary – FR SO JU SR

ROYAL COURT POSITIONS

Mister Homecoming

Miss Homecoming

Mister UNCF

Miss UNCF

Mister 1865

Miss 1865

Class King – FR SO JU SR

Class Queen – FR SO JU SR

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Biological Name of Candidate: _____

Hometown: _____ State: _____ Zip Code: _____

Position Sought: _____

Why are you seeking this position in the Student Government Association:

Biographical Sketch: _____

Please make sure all parts of your application are complete. Incomplete applications will not be approved!

Application Materials	Check List
Application Cover Sheet	
Completed Application	
Recommendation Letter (<i>Shaw University Faculty/Staff</i>)	
Headshot in JPG. or PNG. format	
Resume	
Biographical Sketch	

APPLICATIONS ARE DUE AUGUST 21ST, 2026 @ 5PM.

I have attended an informational session and understand the information that was presented. By signing in the space provided to the right I assume full responsibility for any type of demerits I may receive during campaign season in the event of illegal campaigning.

I understand that not complying with the information that was stated at the informational and in the operational plans will subject me to disqualification or other consequences.

Signature: _____ Date: _____

If you have any concerns or questions, please email jillian.jackson@shawu.edu

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

I hereby affirm the aforementioned information to be completely true to the best of my knowledge. I also understand that if it is found that I have falsified and/or omitted any pertinent information within the contents of this application package, I will be removed from the candidacy selection process.

Signature: _____ Date: _____

For SEC use ONLY

Date Received: _____

Time Received: _____

SEC Chair Signature: _____

Signature of SEC Representative: _____

Approved:_____

Not Approved:_____