



**ASSOCIATED STUDENTS
OF HELENA COLLEGE**

Application for ASHC Senator

Name: _____

Program: _____ Phone Number: _____

Date: _____ Student Email: _____

Have you read the ASHC Constitution? Yes No

Please circle next to the Requirements List.

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|-----|----|--|
| Yes | No | 1. Will you be enrolled in at least one credit at Helena College? * |
| Yes | No | 2. Will you be available for ASHC Meetings?* (Scheduled for Mondays @ 12pm) |
| Yes | No | 3. Will you be available for Committees as they arise in ASHC? |
| Yes | No | 4. Will you be willing to attend ASHC Sponsored Events? |
| Yes | No | 5. Would you be interested in being involved with Montana Associated Students?
Please ask for more information if interested. |

Please use the space below to explain why you are interested in the Associated Students of Helena College (ASHC).

*Required to apply