



## VNSA Board of Directors Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

Year: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Do you have any experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel you can bring to VNSA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean or Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please sign and return this application to:

Virginia Nursing Student Association  
P.O. Box 1843  
Charlottesville, VA  
22903-0543