

worst↑ to first

Campus

Application

One Million Steps

One Million Pledges for Florida's Kids



Take the Pledge @ worsttofirst.org



LAWTON CHILES
FOUNDATION

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION

- To be eligible for a Worst To First Campus you must:
 - Have commitment from at least 6 students (Core group) who are enrolled in the institution for which you are requesting membership.
 - Have at least one member of your Core group who is an active member of your institution's Student Government Association.
- Your application will not be considered without a completed Personal Information sheet (#1-7) from each member of the Core group.
- Each Core group member must also sign his/her name to the pledge form (back sheet) for your application to be considered.
- The Campus Action Plan can and should be completed as a group (only one action plan per Core group is required).
- All Worst To First Campus Applications should be completed and sent to the following address:

The Lawton Chiles Foundation
1614 Mahan Center Blvd., Suite 104
Tallahassee, FL 32308

PERSONAL INFORMATION (Core member #1)

1) **NAME:** _____
LAST FIRST MIDDLE

2) **GENDER:** Male Female

3) **ADDRESS:**

STREET

CITY

STATE

ZIP CODE

Home Phone (____) _____

Cell Phone (____) _____

E-mail _____

EDUCATION

4) **SCHOOL:** _____
NAME OF SCHOOL LOCATION(CITY, STATE)

5) **MAJOR:** _____

6) **CURRENT YEAR:**

- Freshman
- Sophomore
- Junior
- Senior

7) **Are you involved in the campus SGA?**

- YES
- NO

If YES, what is your position?

CERTIFICATION

Your application must be certified with your original signature in ink. By signing this application, you certify that all of the statements made in this application are true, correct, and complete, to the best of your knowledge, and are made in good faith.

SIGNATURE

DATE

PERSONAL INFORMATION (Core member #2)

1) **NAME:** _____
LAST FIRST MIDDLE

2) **GENDER:** Male Female

3) **ADDRESS:**

STREET

CITY

STATE

ZIP CODE

Home Phone (____) _____

Cell Phone (____) _____

E-mail _____

EDUCATION

4) **SCHOOL:** _____
NAME OF SCHOOL LOCATION(CITY, STATE)

5) **MAJOR:** _____

6) **CURRENT YEAR:**

- Freshman
- Sophomore
- Junior
- Senior

7) **Are you involved in the campus SGA?**

- YES
- NO

If YES, what is your position?

CERTIFICATION

Your application must be certified with your original signature in ink. By signing this application, you certify that all of the statements made in this application are true, correct, and complete, to the best of your knowledge, and are made in good faith.

SIGNATURE

DATE

PERSONAL INFORMATION (Core member #3)

1) **NAME:** _____
LAST FIRST MIDDLE

2) **GENDER:** Male Female

3) **ADDRESS:**

STREET

CITY

STATE

ZIP CODE

Home Phone (____) _____

Cell Phone (____) _____

E-mail _____

EDUCATION

4) **SCHOOL:** _____
NAME OF SCHOOL LOCATION(CITY, STATE)

5) **MAJOR:** _____

6) **CURRENT YEAR:**

- Freshman
- Sophomore
- Junior
- Senior

7) **Are you involved in the campus SGA?**

- YES
- NO

If YES, what is your position?

CERTIFICATION

Your application must be certified with your original signature in ink. By signing this application, you certify that all of the statements made in this application are true, correct, and complete, to the best of your knowledge, and are made in good faith.

SIGNATURE

DATE

PERSONAL INFORMATION (Core member #4)

1) **NAME:** _____
LAST FIRST MIDDLE

2) **GENDER:** Male Female

3) **ADDRESS:**

STREET

CITY

STATE

ZIP CODE

Home Phone (____) _____

Cell Phone (____) _____

E-mail _____

EDUCATION

4) **SCHOOL:** _____
NAME OF SCHOOL LOCATION(CITY, STATE)

5) **MAJOR:** _____

6) **CURRENT YEAR:**

- Freshman
- Sophomore
- Junior
- Senior

7) **Are you involved in the campus SGA?**

- YES
- NO

If YES, what is your position?

CERTIFICATION

Your application must be certified with your original signature in ink. By signing this application, you certify that all of the statements made in this application are true, correct, and complete, to the best of your knowledge, and are made in good faith.

SIGNATURE

DATE

PERSONAL INFORMATION (Core member #5)

1) **NAME:** _____
LAST FIRST MIDDLE

2) **GENDER:** Male Female

3) **ADDRESS:**

STREET

CITY

STATE

ZIP CODE

Home Phone (____) _____

Cell Phone (____) _____

E-mail _____

EDUCATION

4) **SCHOOL:** _____
NAME OF SCHOOL LOCATION(CITY, STATE)

5) **MAJOR:** _____

6) **CURRENT YEAR:**

- Freshman
- Sophomore
- Junior
- Senior

7) **Are you involved in the campus SGA?**

- YES
- NO

If YES, what is your position?

CERTIFICATION

Your application must be certified with your original signature in ink. By signing this application, you certify that all of the statements made in this application are true, correct, and complete, to the best of your knowledge, and are made in good faith.

SIGNATURE

DATE

PERSONAL INFORMATION (Core member #6)

1) NAME: _____
LAST FIRST MIDDLE

2) GENDER: Male Female

3) ADDRESS:

STREET

CITY

STATE

ZIP CODE

Home Phone (____) _____

Cell Phone (____) _____ E-mail _____

EDUCATION

4) SCHOOL: _____
NAME OF SCHOOL LOCATION(CITY, STATE)

5) MAJOR: _____

6) CURRENT YEAR:

- Freshman
- Sophomore
- Junior
- Senior

7) Are you involved in the campus SGA?

- YES
- NO

If YES, what is your position?

CERTIFICATION

Your application must be certified with your original signature in ink. By signing this application, you certify that all of the statements made in this application are true, correct, and complete, to the best of your knowledge, and are made in good faith.

SIGNATURE

DATE

WORST TO FIRST CAMPUS ACTION PLAN :

- 8) Describe why you would like to see Worst To First established on your campus and how you plan to leverage your campus group to accomplish the goals of the Worst To First initiative to the benefit of your community and your school (500 words or less).
- **Included in your Action Plan:**
 - Your Vision for your Worst To First Campus (what is the purpose?)
 - Your Mission Statement (Your goal for the Worst To First Campus in 25 words or less)
 - Your Worst To First Campus Strategy
 - Your plan for organizing your Core group, ideas for pledge drive activities, and volunteer service activities, and the Walking tour.

Your Action Plan is not a final product and is subject to change, so be creative. For more information on Worst To First see www.WorstToFirst.org or lcl.worsttofirst.org

WHERE TO SEND YOUR APPLICATION:

The Lawton Chiles Foundation
1614 Mahan Center Blvd. Suite 104
Tallahassee, FL 32308

Phone: 850-385-7800
Fax: 850-385-7808
E-mail: Geoff@WorstToFirst.org