**Topper Connect New Organization Submission**

Instructions:

Thank you for your interest in establishing a new Topper Connect student organization at Blue Mountain Christian University. Please complete the following application thoroughly and thoughtfully. This information will be used by the Topper Connect Review Committee to evaluate your proposal. Incomplete applications will not be considered.

**I. General Information**

1. Proposed Organization Name:

 (Provide a unique name that reflects the group’s mission and purpose.)

2. Primary Focus/Category:

 (Select one)

[ ] Affinity Group

[ ] Cultural/Identity Group

[ ] Special Interest Group

[ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Proposed Date of Establishment:

 (MM/DD/YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Primary Advisor Information:

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Proposed Student Leadership Team (Minimum of 2 leaders required):

President/Chair:

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Vice President/Co-Chair:

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**II. Organization Mission and Purpose**

1. Mission Statement:

 (In 2-3 sentences, state the purpose and goals of the organization. How does it align with the Topper Connect initiative and its focus on student engagement, belonging, and retention?)

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**III. Proposed Activities and Events**

1. Initial Plans:

 (List 2-3 activities, programs, or events your organization plans to host in its first year. Provide brief descriptions and how they align with the mission of the organization.)

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**IV. Membership and Recruitment**

1. Proposed Membership Requirements:

 (Include any eligibility requirements for joining, such as student status or affinity.)

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2. Recruitment Strategies:

(Outline how you will attract and engage students to join your organization.)

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3. Expected Membership Numbers:

(How many members do you anticipate in your first year? Include specific goals for growth.)

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**V. Governance and Leadership**

1. Constitution or Bylaws:

 (Attach a copy of your proposed constitution or bylaws. These should include membership guidelines, officer roles, meeting procedures, and other governing rules.)

**VI. Budget and Funding**

 (Attach a copy of your proposed budget and budget request using the template attached at the end of this application.)

**VII. Advisor Agreement**

The organization’s advisor must read and agree to the following:

- I agree to serve as the advisor for this proposed organization.

- I will provide guidance and support to the student leaders while ensuring that the organization aligns with university policies and the mission of Topper Connect.

- I understand my responsibilities as outlined in the advisor handbook.

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIII. Applicant Acknowledgment**

The student leader submitting this application must read and agree to the following:

- I certify that the information provided in this application is accurate and complete.

- I understand that submission does not guarantee approval, and the organization must comply with all university policies and guidelines if approved.

Primary Student Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IX. Additional Attachments (Required)**

- Proposed constitution or bylaws.

- List of at least 5 interested students with contact information.

- Budget request form

- Any additional supporting documents (optional).

**Submission Information**

Submission Deadline: (Insert deadline here)

Submit Completed Applications to: Dean of Student Success and Career Services or the Dean of Students Office

For questions or additional information, please contact the Office of Student Success and Career Services or the Topper Connect Committee.

Thank you for your interest in enhancing the student experience through Topper Connect!