



APPLICATION FOR MONARCH/FUNDRAISING CHAIR

Legal Name: _____

(This will be used at all meetings and on documentation)

Stage Name if applicable: _____

(This is the name you prefer to go by at events/functions)

Street Address: _____

City: _____ State: _____ Zip Code : _____

Telephone Number: _____

Email: _____

Have you ever been convicted of or plead guilty to a felony? YES NO. *If you answer yes, PLEASE STOP. Per Article 7.1, section A of the SOP, you are not eligible to run for these positions. If you answer no and it is found out that you misrepresented yourself, you will automatically be removed from the position of Monarch/Fundraising Chair.*

This application is for the position of:

Emperor/Empress/Emprex (please circle **ONE**)

There are two(2) written components of this application that must be completed in full. Each question should be typed and submitted on a separate sheet.

The following questions pertain to your membership with the I.S.Q.C.C.B.E.

1. Have you been a member of the I.S.Q.C.C.B.E. for a minimum of ONE year? When did you join the I.S.Q.C.C.B.E. (approximate number of years)?
2. Have you lived within the realm of the I.S.Q.C.C.B.E. for a minimum of ON year?
3. Are you a member or involved in any other community organizations? (please list)
4. List all court events you have been a part of this past year.
5. List any court events you have been a part of in the past years.
6. List two (2) OUT OF TOWN Coronations that you have walked at within the last 12 months. Please include year.

The following questions pertain to you and the position of Monarch/Fundraising Chair.

1. Why do you wish to run for the position of Monarch/Fundraising Chair?
2. What are your leadership qualities?
3. If elected, what goals do you plan to set for the I.S.Q.C.C.B.E.?

Please send a \$75.00 NON-REFUNDABLE fee via check, money order, or electronic means mailed to the I.S.Q.C.C.B.E., P.O. Box 141152, Cincinnati, OH 45250, ATTN: COLLEGE REPRESENTATIVE with your application. Applications can also be emailed to collegerep@isqccbe.org.

Once your application has been received and approved, you will be notified by the College of Monarchs Representative of interview date and time. If you have any questions, please contact any College of Monarchs member.

Signature (Legal Name): _____ Date: ____/____/____

