



GRAMBLING STATE UNIVERSITY

S.L.I. Student Leadership Initiative

SLI Membership Application

Name: _____

Mailing Address: _____

City, State, Zip _____

Cell Phone #: _____

GSU Email Address: _____

Personal Email Address: _____

Major: _____

Minor: _____

GPA: _____

Gender: _____

Classification: (ex. freshmen) _____

Organization _____

Affiliations: _____

Hobbies: _____

GSU G-Number: _____

Signature: _____

Date: _____

*Please return the membership application to the Title III Office, Room 223-
School of Nursing Building*