

**Candidate Application Form for HA△K State Office**  
**(Note: Please attach a photo or digital copy of yourself)**

Name \_\_\_\_\_ Candidate for the office of \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Alpha Delta Kappa Information:** Chapter \_\_\_\_\_ Date initiated \_\_\_\_\_

International Conventions attended: \_\_\_\_\_

Regional Conferences attended: \_\_\_\_\_

Chapter Offices held: \_\_\_\_\_

State Offices held: \_\_\_\_\_

Committee Chairmanships (specify state or chapter): \_\_\_\_\_

\_\_\_\_\_

**Education:**

College (s) \_\_\_\_\_

Major (s) \_\_\_\_\_

Degree (s) \_\_\_\_\_ Date(s) \_\_\_\_\_

Teaching/Professional Experiences: \_\_\_\_\_

\_\_\_\_\_

**Do you have a specific goal or reason for applying for this position?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I have informed my chapter president and sisters of my decision to be a candidate for the HA△K office of \_\_\_\_\_

Submitted by: \_\_\_\_\_ (candidate) Date \_\_\_\_\_

By **October 25, 2023** send to Julie Shimonishi 2047 Nuuanu Ave. #804 Honolulu, HI 96817 or email [jshimonishi004@gmail.com](mailto:jshimonishi004@gmail.com)

