



DAVID LYNCH FOUNDATION TELEVISION

THE SPECIAL AGENTS STUDENT AFFILIATE PROGRAM

PRESIDENTIAL APPLICATION

PART ONE: PERSONAL INFORMATION

NAME: _____

AGE: _____

SPECIAL AGENT SCHOOL CHAPTER: _____

CURRENT YEAR IN SCHOOL: _____

DESCRIBE YOURSELF IN THREE WORDS: _____

WHAT IS CREATIVITY TO YOU: _____

WHY DO YOU THINK YOU WOULD MAKE A GOOD CHAPTER PRESIDENT: _____

PART TWO: SUBMIT A WRITTEN FACULTY RECOMMENDATION WITH THIS FORM. YOUR APPLICATION IS NOT COMPLETE UNTIL PART ONE AND TWO ARE RECEIVED.

Please complete form and fax to (646) 789 4434, ATTN Amy Kettenburg

OR send via standard mail to:

Amy Kettenburg

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