

Crown Club of Junior Auxiliary of Rankin County, MS

Membership Application

- 1. Do not put your name on this portion of the application.** Your name should only be included on the personal data form. We will have another Junior Auxiliary chapter rank the applications based on a scoring system and we want your name to be confidential.
2. Complete all of the application questions. If you need additional space, please continue on a separate piece of paper.
3. Include a copy of your most recent report card or transcript.
4. Acquire 1 letter of recommendation from a teacher, school counselor, or pastor, etc. Please ask that your letter of reference be emailed to CrownClubjarc@gmail.com .
5. E-mail your application to CrownClubjarc@gmail.com by March 15, 2021.
6. A Junior Auxiliary chapter outside of Rankin County will review the applications to help determine our new incoming members. All applicants will be notified by the first week of May of their status.

1. Why would you like to participate in Crown Club?

2. Please complete this chart based off your current involvement in any school, church or community service.

Extracurricular Activity	Hours Served (9 Week Period)	Position Served (if applicable)	Why do you like participating in this activity?

Please feel free to add an additional page if necessary to list all activities

3. Briefly describe a community project you would like to see developed and implemented by Crown Club members.

★ **Remember to attach a copy of your report card and a letter of recommendation.**

Application # _____
(Will be assigned by Crown Club advisor)

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Personal Data Form

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Birthday: _____

Email Address: _____

School Name: _____ Current Grade: _____

Is any member of your family an active, associate, or life member of Junior Auxiliary of Rankin County? (circle one) **Yes No**

If yes, Member name: _____

Relationship: _____

As the parent and/or guardian of the student mentioned above, I understand the requirements that my child must fulfill as a Crown Club member. I give her permission to apply for, and if accepted, participate in said requirements.

Parent/Guardian Name (print) _____

Parent/Guardian Name (signature) _____

I understand that if chosen as a Junior Auxiliary Crown Club member, I will be responsible for attending monthly chapter meetings and fulfilling all required volunteer hours.

Applicant's Signature _____

To be completed by Crown Club Advisor:

Grade Point Average: _____

Report Card Attached: _____

Letter of Recommendation: _____