



### 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 include on a separate sheet of paper the circumstance. Each case will be taken into consideration by the Board of Directors.*

*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/Fundraising Chair** or **Empress/Fundraising Chair** (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 ONE 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 tow (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 enclose a check or money order for a \$75.00 (NON-REFUNDABLE) fee, made payable to the I.S.Q.C.C.B.E., mailed to the I.S.Q.C.C.B.E., P.O. Box 141152, Cincinnati, OH 45250, ATTN: COLLEGE REPRESENTATIVE with your application.

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.

Signature (Legal Name): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_