



SOPHE Collegiate Champions Program

Faculty Sponsorship Form

FACULTY SPONSOR

Faculty Name: _____

Academic Institution: _____

Academic Department: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

FACULTY SPONSOR SIGNATURE

DATE

COLLEGIATE CHAMPION (INDIVIDUAL)

Student Name: _____

Academic Level (check one): Undergraduate Master's Doctorate

Academic Status (check one): Full-time Part-time

Student is currently in good academic standing (3.0 minimum GPA): YES NO

COLLEGIATE CHAMPIONS (GROUP)

Group Name: _____

Total Number of Members: _____

Group Leader/Primary Contact Name: _____

Contact Email: _____ Contact Phone: _____

GROUP MEMBERS DETAILS *(Use additional sheets if necessary)*

Member 1 (Leader):

Name: _____

Academic Level (check one): Undergraduate Master's Doctorate

Academic Status (check one): Full-time Part-time

In good academic standing (3.0 minimum GPA): Yes No

Member 2:

Name: _____

Academic Level (check one): Undergraduate Master's Doctorate

Academic Status (check one): Full-time Part-time

In good academic standing (3.0 minimum GPA): Yes No

Member 3:

Name: _____

Academic Level (check one): Undergraduate Master's Doctorate

Academic Status (check one): Full-time Part-time

In good academic standing (3.0 minimum GPA): Yes No

Member 4:

Name: _____

Academic Level (check one): Undergraduate Master's Doctorate

Academic Status (check one): Full-time Part-time

In good academic standing (3.0 minimum GPA): Yes No

Member 5:

Name: _____

Academic Level (check one): Undergraduate Master's Doctorate

Academic Status (check one): Full-time Part-time

In good academic standing (3.0 minimum GPA): Yes No

Thank you for your support of this student or group of students.