



Student Support Network Application
for Training Sessions on Sep. 10, 2019 & Sep. 12, 2019 from 2-5 p.m.

Name: _____ Preferred Name: _____
Last First M.I.

Current Address:

Street

City State Zip

Phone: _____ E-mail: _____

Major: _____ Class/Year: _____

Short Answer Questions:

1. Please describe why you are interested in joining the Student Support Network.

2. What training, course work or experience (personal, professional, paid or volunteer) has prepared you to be an SSN member? What other extracurricular activities are you involved with on campus?

SIGNATURE: _____ DATE: _____

Have Questions? Please contact the ECU Campus Suicide Prevention Grant Coordinator, Victoria Yates, via email at vicgyat@ecok.edu or by phone at 580-559-5803.

Applications due by Tuesday September 3, 2019 by 5 p.m.