

# **NJAPPA**

## ***Confidential Business Partner Sponsor Form***

Please print or type in all requested information.

Prior to sponsoring, please make sure that you are qualified to do so (i.e. All dues are current and you must have attended at least one regular meeting in the last 12 months.)

Please answer the following questions regarding the applicant you are sponsoring.

Applicant's Name: \_\_\_\_\_

How long have you known the applicant?

Personally \_\_\_\_\_ years      Professionally \_\_\_\_\_ years

In what capacity have you been associated with the applicant? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is the applicant aware of NJAPPA's purpose as an organization?

Yes                      No

Does the applicant have two current years in and current direct involvement in the college and university arena?      Yes                      No

Is the applicant professional, ethical, and knowledgeable in his/her area of expertise?      Yes                      No

Please comment on the applicant's demonstrated and/or potential managerial and leadership abilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In which of the following disciplines is the applicant directly involved?

Professional Services \_\_\_\_\_ Financial \_\_\_\_\_

Construction \_\_\_\_\_ Manufacturing \_\_\_\_\_

Real Estate \_\_\_\_\_ Consulting \_\_\_\_\_

Comments (Please describe in detail what you know to be the applicant's duties and responsibilities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Sponsor \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_

Sponsor's Institution Name \_\_\_\_\_

Sponsor's Address \_\_\_\_\_

Sponsor's Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Please return completed form to:

**Jule Raichle (NJAPPA Membership Chair)**

Associate Director of Facilities

**Ocean County College**

College Drive, P.O. Box 2001

Toms River, NJ 08754

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