

**Chapter Profile**

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Dates of Fall Term: \_\_\_\_\_ Dates of Spring Term: \_\_\_\_\_

Advisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Primary Chapter Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you describe your school? (You may want to include information about its academic programs, extracurricular offerings, and campus culture.)

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

Type of School: \_\_\_ Public \_\_\_ Private \_\_\_ Other \_\_\_\_\_

Size of School: \_\_\_ Less than 5,000 students \_\_\_ Between 5,000 and 10,000 students \_\_\_  
Between 10,000 and 20,000 students \_\_\_ Between 20,000 and 30,000 students  
\_\_\_ Between 30,000 and 40,000 students \_\_\_ More than 40,000 students

Average Cost of Attendance (per year): \_\_\_ Less than \$8,000  
\_\_\_ Between \$8,000 and \$15,000 \_\_\_ Between \$15,000 and \$22,000  
\_\_\_ Between \$22,000 and \$29,000 \_\_\_ Between \$29,000 and \$35,000  
\_\_\_ Between \$35,000 and \$42,000 \_\_\_ More than \$42,000

Please send this completed form to **Friends for Life of America**, Office of Chapter Relations,  
300-8 J. Wayne Reitz Union, PO Box 118505, Gainesville, FL 32612-8505.