



EDUCATE. ENRICH. EMPOWER!

Board of Trustees Application

Name: _____

Address: _____
Street Address City State Zip Code

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail Address: _____

Relationship you have with the district and/or community (check all that apply):

- Parent/Guardian of current student(s):
School(s) children attend if applicable: ELC CM LM MB TM WB PB MEMS other
- Parent/Guardian of Alumna/Alumni Alumni Community Resident
- Community Business Owner: Name of Business _____
- Other _____

Education: Please list schools attended and degrees.

Place of Employment/Position:

Work or Volunteer Experience: Include any experience as it would relate to the Foundation.

(e.g. accounting, business education, event planning, finance, non-profit, grant writing, fundraising, publicity, marketing, website management, etc.)
