MILLERSBURG AREA SCHOOL DISTRICT
799 CENTER STREET
MILLERSBURG, PA 17061

SCHOOL BOARD DIRECTOR
APPLICATION FORM

Please print or type

NAME: _____

HOME ADDRESS _____

PHONE ( )_____ EMAIL ADDRESS _____

How long have you resided in the school district?_____years

Where were you born? _____

Are you a registered voter? Yes_____ No _____

Occupation: _____ Employed by: _____

Business Address:_____ Phone (___) _____

EDUCATIONAL BACKGROUND:

High School _____
Name Address Highest grade completed

Post High School _____

_____

_____

What civic, social, or other community organizations do you belong to? If you have held or hold any office, please make note of this:

_____ _____

_____ _____

_____ _____

_____ _____

1. Please comment below as to why you would like to be a member of the Board of School Directors.

2. If appointed, would you be willing to freely devote your time and efforts to the work of the Board of School Directors?

   Yes_____ No_____

3. What specifically do you like best about the Millersburg Area School System? Please explain.

4. In what ways would you like to see the Millersburg Area School System change, and why?

By signing below, I affirm that I meet the age, residency, and other requirements of District Policy 004, to be considered as a Board Member.

DATE:_____ SIGNATURE_____

Thank you for your interest in the Millersburg Area School District.

PLEASE RETURN THIS APPLICATION FORM AND A LETTER OF INTEREST TO:

MILLERSBURG AREA SCHOOL DISTRICT
ATTN: ERIC S. PETERY, BOARD SECRETARY
799 CENTER STREET
MILLERSBURG, PA 17061

or email:
peterye@millersburgsd.us