

**APPLICATION
APPOINTED BOARD MEMBER
SCOTTSBLUFF PUBLIC SCHOOLS**

DUE: Friday April 28, 2023 at 4:00 PM.

NAME: _____

ADDRESS: _____

PHONE #: _____ E-MAIL ADDRESS: _____

1. Are you a resident of the Scottsbluff Public School District? [] Yes [] No
2. Are you a registered voter? [] Yes [] No
3. Why do you want to be a member of the Scottsbluff Public Board of Education?

4. As a Board member, what qualities would you bring to the leadership team?

5. What is your vision for this school district in the next five years?

6. What public service have you provided to the community, such as teaching, coaching, church groups, scouts, volunteering, etc.?

7. Do you believe you will have sufficient time to dedicate to the work of the Board?

8. How should the Board go about finding out and knowing what the parents and patrons in the district are thinking?

9. Are there any particular issues facing the District that you believe the Board should consider?

Signature

Date