

**GRAND HAVEN AREA PUBLIC SCHOOLS  
APPLICATION FOR BOARD OF EDUCATION TRUSTEE**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_(work)

Address: \_\_\_\_\_

\_\_\_\_\_ (home)

\_\_\_\_\_

\_\_\_\_\_ (cell)

\_\_\_\_\_

Email: \_\_\_\_\_

Michigan resident 30 or more days? Yes\_\_ No\_\_

Registered voter? Yes\_\_ No\_\_

Resident of this school district? Yes\_\_ No\_\_

U.S. citizen? Yes\_\_ No\_\_

18 years of age or older? Yes\_\_ No\_\_

***APPLICATIONS DUE IN SUPERINTENDENT'S OFFICE BY  
4:00 p.m. Friday, June 23, 2017***

**Please briefly respond to the following questions or statements. Use additional pages if needed.**

1. Please describe the specific skills and abilities you possess that would make you a valuable member of the Board of Education.
2. Describe your experiences working on a board or other leadership committee, including any training you have received that would assist you as a Board member.
3. What particular issues or concerns, if any, do you have regarding the Grand Haven Area Public Schools?
4. As a member of the Board, how will you build community understanding of and support for public education?