

MILLVILLE AREA SCHOOL DISTRICT

MILLVILLE, PA 17846

APPLICATION FOR SCHOOL BOARD MEMBERSHIP

NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

YEARS YOU HAVE RESIDED IN THE MILLVILLE AREA SCHOOL DISTRICT: _____

WHAT REASON DO YOU HAVE FOR WISHING TO BE A MEMBER OF THE
MILLVILLE AREA SCHOOL BOARD? _____

WHAT, IF ANYTHING, IN YOUR BACKGROUND WOULD YOU BELIEVE WOULD
CAUSE YOU TO ADD SOMETHING SPECIAL TO THE SCHOOL BOARD? _____

Signature

Date