



*“Commitment to Quality – Education for All”*

APPLICATION FOR BUDGET COMMITTEE MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

STATEMENT OF INTEREST

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RELATED EXPERIENCE

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualified Voter of the District (check one):      YES \_\_\_\_\_      NO \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)