



Cate Gentry, Ed.D.
Superintendent of Schools

Board of Education:
James Carmichael
Cheryl Jefferies
Kimberly Skeen
Dr. Dee Stokes
Judy Younts

**Superintendent's
2019-2020 STUDENT ADVISORY COUNCIL APPLICATION**

Name: _____ Student ID: _____

Home Number: _____ Cell Number: _____

Email Address: _____ Grade: _____

List extra-curricular activities or employment that you will be involved in next year:

Activity/Job:	Hours Per Week:

Answer these questions to the best of your ability.

1. Why do you want to be a member of the Superintendent's Student Advisory Council?

2. What are some activities that you would like to plan, promote, or participate?



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SUPERINTENDENT'S STUDENT ADVISORY COUNCIL REFERENCE FORM

Name of Reference: _____

Contact Number: _____

Email Address: _____

In what capacity have you known the applicant?

- | | |
|--|--|
| <input type="checkbox"/> Job Supervisor/Employer | <input type="checkbox"/> High School or Staff Member |
| <input type="checkbox"/> Volunteer Supervisor | <input type="checkbox"/> Clergy |
| <input type="checkbox"/> Other | |

What are the first words that come to mind to describe the applicant?

Please describe the applicant's maturity and independence?

How would you evaluate the applicant's communication skills, both getting ideas across and resolving conflict?