

UNEXPIRED TERM FULFILLMENT/VACANCIES

BBBE-E

CANDIDATE APPLICATION FORM

NAME _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

1. Being a member of the Seaford Board of Education will require a commitment of time and effort on your part. Are you willing to make that commitment? _____

2. What has prompted your interest in serving on the Seaford Board of Education?

3. What is your educational background?
High School Attended & Date Graduated, if applicable _____
College Attended & Date Degree Conferred, if applicable: _____

4. What related experiences do you have?

5. Please indicate which, if any, community service organization you are a member of.

6. If you have any children in our school district, please indicate the school(s) they attend.

7. What are the strong points of our school district?

8. What do you see as horizons of improvement for our Board and our school district? (Please list them with your highest priority first and your lowest priority last.)

9. How will you be an asset to our Board and as a policymaker in our school district?

*USE THE BACK OF THIS FORM FOR ANY ADDITIONAL BACKGROUND INFORMATION
THAT YOU WISH TO PROVIDE.*

EFFECTIVE DATE: 10/25/82
REVISED: 10/13/04
SEAFORD SCHOOL DISTRICT
Seaford, Delaware