

APPENDIX G

SPARTA AREA SCHOOL DISTRICT

506 N Black River Street

Sparta, WI 54656

(608) 269-3151

APPLICATION FOR APPOINTMENT TO FILL SCHOOL BOARD VACANCY

To: The Sparta Area School District Board of Education

I, _____ a qualified elector of the School District of Sparta wish to be considered for appointment to fill a portion of the vacant unexpired term left open by a resignation. The term expires in April 20___. The appointed candidate could seek election in April for the remainder of the term.

Applicant's Signature

Dated this ___ day of _____, 20__.

Received by: _____ Dated _____

Application Due to the School District office by 4:00 p.m. on

Application Information

Name: _____
Last First MI

Phone: _____
(Home) (Work)

Address: _____

Occupation: _____ Employer: _____

Educational Background: (circle highest level attained)

High School

College

Post Graduate

List any clubs or organizations in which you belong to: _____

List any offices held, awards received, committees served on, and or community services in which you participated in: _____

What is your primary reason for wanting to serve on this school board? _____

How can you contribute to the district as a board member? _____

What past training and/or experience that you have would make you an ideal candidate to select? _____

What are our district's major strengths? _____

What other information can you give us that would help the school board to decide on you as their top candidate for this position? _____

What educational concerns do you have? _____

What is your educational philosophy? _____

Are you able to attend meetings held on the 4th Tuesday, 2nd Tuesday or Thursday, OTHERS as called? _____

What is the role of the school board? _____

What is the role of the superintendent? _____

What one major goal would you wish to accomplish as a board member for the Sparta Area School District? _____