



**STUDENT MEMBER OF THE BOARD OF EDUCATION OF FREDERICK COUNTY**  
**APPLICATION- PAGE 2**

I am applying for the office of Student Member of the Board of Education of Frederick County. I agree to allow the use of my school photo for advertisement and campaign material for FCASC. I further agree to follow all rules and procedures related to the selection process, and, if elected, further agree to fulfill the responsibilities of this office, beginning immediately following the selection. By my signature I affirm that I have no derogatory or disparaging information, nor will I post any defamatory statements, pictures or phrases on any social network during the course of my tenure as an officer.

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Signature of Student Applicant

Date

I/We, as parent(s)/guardian(s) of this student, hereby give permission for him/her to apply for this office.

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Signature of Parent(s)/Guardian(s)

Date

As principal of this student's high school, I support his/her application for this office and certify that, from the school's perspective, there are no reasons why he/she should not seek this office.

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Signature of Principal

Date



**STUDENT MEMBER OF THE BOARD OF EDUCATION OF FREDERICK COUNTY**  
**Recommendation**

This recommendation must be returned to Ms. Bernard at the Central Office or to the nominee in a sealed envelope with the respondent's signature over the seal.

Applicant's Name \_\_\_\_\_

Respondent's Name (please print) \_\_\_\_\_

Respondent's Occupation \_\_\_\_\_

Respondent's Relationship to Applicant \_\_\_\_\_

Respondent's E-mail \_\_\_\_\_

**Applicant's personal qualities**

	Excellent	Good	Satisfactory	Unsatisfactory
Maturity				
Professionalism				
Sensitive to the attitudes of others				
Honesty in relationships				
Initiative				
Follow through				
Communications skills				
Time management skills				

Please indicate applicant's strengths and reasons for your belief that the nominee would be a strong candidate for SMOB.

Stipulate any reservations you may have about the applicant serving in this position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date