

**STUDENT MEMBER OF THE BOARD OF EDUCATION OF FREDERICK COUNTY**  
**APPLICATION**  
2021-2022

Name of Applicant \_\_\_\_\_  
                                            First                                            Middle I.                                            Last

Home School \_\_\_\_\_

Grade (current) \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

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References: (Two references below AND one letter of recommendation.)

1. Each candidate must supply two references, one of which must be a current (non-relative) employee of Frederick County Public Schools; the second may be from employers, religious leaders, teachers, administrators, etc.

Name	Title	Phone number
_____		
_____		

2. Each candidate must supply a letter of recommendation, using the form included in the packet on page 10, and submit electronically directly to [Colleen.Bernard@fcps.org](mailto:Colleen.Bernard@fcps.org).

**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

**An e-mail of support from the principal may be included in the package in lieu of the principal's signature.**



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

This recommendation must be returned electronically to Colleen.Bernard@fcps.org.

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