

Waukegan Community Unit School District # 60
Application for Member of Board of Education



DATE: _____

NAME OF APPLICANT: _____
Last First Middle/Maiden

CURRENT ADDRESS: _____
Street City State

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

Please answer each question with either "YES" or "NO", as appropriate:

1. Are you a citizen of the United States? _____
2. Are you 18 years of age or older? _____
3. Are you a resident of the State of Illinois? _____
4. Are you a resident of Waukegan Community School District #60 for at least one year? _____
5. Are you a registered voter, as provided by general election law? _____

MY SIGNATURE BELOW ATTESTS TO MYACKNOWLEDGEMENT OF THE ACCURACY OF THE RESPONSES THAT I HAVE GIVEN, AND AS STATED ABOVE:

SIGNATURE

DATE

In the space given below each question, please provide your response to each question as completely as possible. Do not add any pages.

1. What is (are) your primary motivation(s) to be a member of the Board of Education?

(OVER)

2. What do you see as your greatest strength to assist the Board to improve its service to the students of Waukegan?

3. If you were selected to fill the existing vacancy, what goal(s) would you have for the District?

4. Please list your community activities and services, which relate to being an effective school board member.