

APPLICATION FOR CMSD ADVISORY COMMITTEE

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

EMAIL ADDRESS: _____

Do you reside within the Columbus Municipal School district? _____

COMMITTEE FOR WHICH YOU ARE APPLYING: _____

Please tell us why you would like to be on this Committee: _____

EDUCATIONAL BACKGROUND: _____

JOB EXPERIENCE: _____

OTHER EXPERIENCE: _____

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For Columbus Municipal School District Use Only:

Date submitted: _____

Date Announced: _____