

# Huntington County Community Schools

## Application for Board of School Trustees Membership – District 2

Please complete the following information to apply for membership on the Huntington County Community Schools (HCCS) Board of School Trustees – District 2.

### Personal Information

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Education & Work Background

Highest Level of Education: \_\_\_\_\_

(e.g., High School, Associate's Degree, Bachelor's Degree, etc.)

Educational Institutions Attended: \_\_\_\_\_

\_\_\_\_\_

### Present Employment:

○ Employer: \_\_\_\_\_

○ Job Title: \_\_\_\_\_

○ Description of Responsibilities: \_\_\_\_\_

\_\_\_\_\_

### Relevant Past Work Experience:

Please list any relevant past work experience.

\_\_\_\_\_

\_\_\_\_\_

### Interest & Goals

Why do you want to be a member of the HCCS Board of School Trustees?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are three (3) goals you would like to accomplish as a member of the Board of School Trustees? (add additional page(s) if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature & Date**

I certify that the information provided in this application is accurate and true to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Please submit the completed application form on or before **12:00 noon on January 10, 2025** to the HCCS Office at:

**Huntington County Community Schools**

**In person: 1063 E 900 S**

**Warren, IN 46792**

**Via Email: [CGray@hccsc.k12.in.us](mailto:CGray@hccsc.k12.in.us)**

**Via Fax: 260-358-2220**