**BOARD OF TRUSTEES APPLICATION**

Name:

School/Chapter:

School Address:

City, State, Zip:

School Telephone: School Fax:

Home Address:

City, State, Zip:

Home Telephone: E-mail Address:

School District Superintendent Name:

Address:

City, State, Zip:

School Telephone: E-mail Address:

School Principal Name:

Address:

City, State, Zip:

School Telephone: E-mail Address:

Number of Years Advising FBLA (provide dates):

FBLA Advisorships at Other Schools (provide years and schools):

Please describe your participation in FBLA activities at the local, state, and national levels.

Please describe the benefits of FBLA advisorship to you.

Please describe your participation in other school/community activities.

Why would you like to serve on the State Board of Trustees? Will you have the support of your school officials to travel to Board meetings?

Signature: Date:

Please send your completed application to:

## Lauren Stipo

lstipo@eufsd12.org