

SINGLE PARENT SCHOLARSHIP FUND
BOARD OF DIRECTORS APPLICATION FORM

First Name	M.I.	Last Name	Title(s)
Mailing Address		City	State Zip
Day Phone	Fax	Evening Phone	
Email Address			
Occupation	Job Title	Employer	

EDUCATION. On the lines below, indicate your educational background. Special knowledge, skills, training or non-traditional education may also be included:

VOLUNTEER SERVICE. Please indicate below your previous volunteer experience. You may include: participation in religious organizations or clubs; civic organizations or clubs; and/or any other volunteer service. (note offices held):

COMMITTEES. Please check one or more of the following committees that you might wish to serve on:

<input type="checkbox"/> Executive Committee	<input type="checkbox"/> Fundraising Committee
<input type="checkbox"/> Publicity Committee	<input type="checkbox"/> Operations Committee

Areas of personal skill/strength you possess that you feel will be beneficial to this Board (optional):

I have reviewed the materials sent to me and I am willing to serve on the Board of Directors of the Single Parent Scholarship Fund.

Signature

Date