



VERNONIA SCHOOL DISTRICT 47J

BUDGET COMMITTEE MEMBER APPLICATION

NAME: _____

HOME PHONE: _____

EMAIL: _____

CELL PHONE: _____

MAILING ADDRESS: _____

OCCUPATION: _____

YEARS YOU HAVE LIVED WITHIN THE BOUNDARIES OF VERNONIA SCH. DIST. _____

DO YOU HAVE CHILDREN OR GRANDCHILDREN ENROLLED IN OUR SCHOOLS? _____

PREVIOUS COMMITTEE / BUDGETARY / BOARD EXPERIENCE? _____

PLEASE STATE REASON(S) FOR APPLYING: _____

Please use reverse side for additional space if needed.

SIGNATURE

DATE