

**ATHENS AREA SCHOOL DISTRICT  
BOARD OF SCHOOL DIRECTORS**

**APPLICATION FORM**

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

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

\_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

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

Do you currently have children enrolled in the Athens Area School District  Yes  No

Have you ever had children enrolled in the Athens Area School District  Yes  No

How long have you been a resident of the Athens Area School District? \_\_\_\_\_

Have you served on any district/school committees or participated in any district-sponsored activities?

Yes  No (If yes, please list):

Are you involved in any community activities or service organizations  Yes  No

If yes, please list:

What qualities, talents or experience would you bring to the Board?

How do you feel that you can make a positive impact on the Athens Area School District?

What motivated you to apply for this position?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please email back to Christine Middlecamp at [cmiddlec@athensasd.org](mailto:cmiddlec@athensasd.org)). Thank you!