



TRADITION.
INNOVATION.
EXCELLENCE.

BOARD OF DIRECTORS APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Preferred Method of Contact:

Home Phone

Cell Phone

Email

Employer: _____ Occupation: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

What in the mission draws you to accept an invitation to serve on the Providence Heights Alpha Board of Directors?

What professional and/or board experience do you have that could enhance you as a Providence Heights Alpha School Board Director?

What other personal talents or contacts would you bring to the Providence Heights Alpha School Board?

What is your educational background?

Present Civic/Business/Professional Affiliations Organizations/Title/Position/Involvement:

Past Civic/Business/Professional Affiliations Organizations/Title/Position/Involvement:

Signature: _____ Date: _____