

**Marquette Area Public Schools Education Foundation
Board Member Application**

Name _____

Address _____

Email _____

Phone _____ Alternate Phone _____

Occupation _____

Business Name _____

Position _____

The Foundation seeks a balance of board members among Marquette area high school alumni and non-alumni; and among post-secondary experiences. Toward this balance, please provide the following information:

High School _____ Year Graduated _____

Post-Secondary Education _____ Year of Degree _____

Advanced or Other Education _____ Year _____

Current and previous service club affiliations and/or community service involvements:

The mission of the Foundation is to acquire and distribute financial and other resources to the Marquette Area Public Schools for unique programs and activities which supplement and enhance the quality of education and provide students with extended learning opportunities.

Why are you interested in board membership of the Foundation? _____

What talents, skills, and experiences do you have that could assist in achieving our mission?

Previous non-profit board experience:

Signature

Date