

APPLICATION FOR TRI-ETHNIC RE-APPOINTMENT

I WISH TO BE CONSIDERED FOR **RE-APPOINTMENT** TO A POSITION ON THE ECISD TRI-ETHNIC COMMITTEE FOR A (2) TWO YEAR TERM
TO BEGIN IN SEPTEMBER 2010 AND CONCLUDE IN AUGUST 2012.

Name: MARIANN BAGLEY _____

Address: 6233 RIDERS RD. _____

Spouse's Name: JIMMY BAGLEY _____

Occupation: VOLUNTEER _____

Home Phone: _____

Business Phone: 432-664-7728

Email Address: abalos2@msn.com _____

Race or Ethnic Group: Hispanic _____

Children (if any) in ECISD:

Is your spouse or any family member related to an employee of ECISD or any member of the ECISD Board of Trustees? _____NO_____

Are you a resident of Ector County? ___YES_____

Qualifications: ECISD VOLUNTEER FOR 15 YEARS