

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

I WISH TO BE CONSIDERED FOR AN APPOINTMENT
TO A POSITION ON THE SHAC

Name: RENEE MORRIS

Address: 504 Fitch

Spouse's Name: LESTER MORRIS

Occupation: DIRECTOR FOR A WOMENS PROGRAM

Home Phone: 432-889-1362

Business Phone: _____

Email Address: thewellhandofgrace@gmail.com

Race or Ethnic Group: BLACK

Children (if any) in ECISD: no - only grandchildren

Is your spouse or any family member related a member of the ECISD Board of Trustees?

no

Are you a resident of Ector County? YES

Resume to be attached

Please mail to:

Email to:

*Ector County ISD
Administration Building
Attn: Michael Neiman*

michael.neiman@ectorcountyisd.org