

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: _Kathy Siepak_____

Address: _2020 E. 56th St_____

Spouse's Name: _____

Occupation: Professional Development Mentor, Greater Opportunities of the Permian Basin, Head Start School Readiness Academy

Home Phone: 432-559-0780

Business Phone: 432-337-1352 x232

Email Address: kat.siepak@gmail.com

Race or Ethnic Group: _____

Children (if any) in ECISD: one at NTO

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:
Ector County ISD
Attn: Michael Neiman
P.O. Box 3912
Odessa, Texas 79760***

***Email to:
michael.neiman@ectorcountysd.org***