

# APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: \_Carrie Bronaugh\_\_\_\_\_

Address: \_\_7307 Bellini St. Odessa TX 79765\_\_\_\_\_

Spouse's Name: \_Johnny Bronaugh\_\_\_\_\_

Occupation: \_\_\_\_Prevention Program Director\_\_\_\_\_

Home Phone: \_\_\_\_\_NA\_\_\_\_\_

Business Phone: \_\_432-580-5100\_\_\_\_\_

Email Address: \_\_cbronaugh@pbrcada.org\_\_\_\_\_

Race or Ethnic Group: \_\_\_\_Caucasian \_\_\_\_\_

Children (if any) in ECISD: \_4 (1 Junior at Permian, 8<sup>th</sup> Grader at Bonham, 6<sup>th</sup> and 3<sup>rd</sup>  
grader at Milam)\_\_\_\_\_

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@ectorcountyisd.org](mailto:michael.neiman@ectorcountyisd.org)***