

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 2012 AND CONCLUDE IN AUGUST 2012.

Name: Lettie M. England

Address: 807 NORTH WASHINGTON AVE.

Spouse's Name: _____

Occupation: SOCIAL WORKER / CONSULTANT

Home Phone: (432) 770-1677

Business Phone: (432) 770-1677 or (432) 385-4804

Email Address: englandent@adl.com

Race or Ethnic Group: ANGLO

Children (if any) in ECISD: NONE

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:

See Attached Resume/Vitae