

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: _____ Bianca Carpenter _____

Address: _____ 613 E 54th St Odessa, TX 79762 _____

Spouse's Name: _____

Occupation: _____ Certified Prevention Specialist/Youth Prevention Program Coordinator _____

Home Phone: _____ 432 924-8853 _____

Business Phone: _____ 432 333-4100 _____

Email Address: _____ bcarpenter@pbrcada.org _____

Race or Ethnic Group: _____ White _____

Children (if any) in ECISD: _____ Goliad Elementary 5th & 1st grade _____

Is your spouse or any family member related to 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