



2520 W.W. Thorne Blvd.
Houston, TX 77073

281.449.1011
Board of Education

aldineisd.org

June 20, 2023

Galveston ISD
P.O. Drawer 660
Galveston, Texas 77553-0660

Dear Superintendent and Board of Trustees:

The purpose of this letter is to request your district's endorsement as a candidate for Position A on the Texas Association of School Boards board of Directors. My name is Rose M. Avalos and I currently serve as assistant secretary on the Aldine ISD board. I was first elected to the Aldine board in May of 2006 where I have served in all offices.

Initially I was approved to fill a large district position as a TASB Director. Due to the change in student enrollment, Aldine will no longer have this position. I am seeking your endorsement for position 4A in Region 4.

I am a product of the Aldine School District and employed there for 33 years, where I served as a teacher, counselor, program director, assistant principal and principal of a high school.

I am asking for the privilege of being endorsed by your district to continue my work as a director. The process is very important in that a candidate who secures the endorsement of 25% or more of the active members from the Region will be included on the official TASB ballot. Furthermore, a candidate who successfully obtains the endorsement of a majority of the Active Members in their region will be the sole nominee of the Nomination Committee. I would sincerely appreciate the support of your board. A copy of the endorsement form is attached and I would appreciate it if you would consider putting this issue on your board agenda. The endorsement form must be returned by August 29, 2023 and should be sent to the following address:

TASB
Attn: Management Services
P.O. Box 400
Austin, TX 78767-0400

Sincerely,

A handwritten signature in black ink, appearing to read 'Rose Avalos', written in a cursive style.

Rose M. Avalos
Assistant Secretary, Aldine ISD Board of Trustees



TASB ENDORSEMENT FORM

DATE: _____

Our school board endorses the candidacy of the following individual nominated to fill a position on the TASB Board of Directors.

CANDIDATE INFORMATION

NAME: _____

SCHOOL DISTRICT: _____

This endorsement was approved by our school district's board of trustees at a duly called meeting on

_____ (Date)

Best regards,

(Signature of board president or officer)

PRINTED NAME: _____

SCHOOL DISTRICT: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

This form is to be used to endorse a nominated individual from a board of trustees within your TASB Region who is a timely candidate for a position on the TASB Board of Directors.

Must be received by TASB on or before AUGUST 29, 2023.

**RETURN TO: E-mail: boardcommunications@tasb.org
FAX: 512.467.3554**