

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: Latoya H. Lopez

Address: 9401 Agave Ave.

Spouse's Name: Arturo Lopez Jr.

Occupation: Customer Service Mgr.

Home Phone: 432-230-5192

Business Phone: 432-230-5192

Email Address: juniorlopez61@yahoo.com

Race or Ethnic Group: _____

Children (if any) in ECISD: Justus Hood Lopez (12th)
Brooklyn Lopez (11th) Jawion Lopez (Kinder)

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