

APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

Name: RAVI SHAKAMURI

Address: 32 OASIS, ODESSA, TX 79765

Spouse's Name: MADHU SHAKAMURI

Occupation: HEALTHCARE & INFORMATION TECHNOLOGY ENTREPRENEUR

Mobile Phone: (432) 349-5001 _____

Business Phone: (432) 580-7707 _____

Email Address: rshakamuri@starcareonline.com _____

Race or Ethnic Group: ASIAN

Children (if any) in ECISD: NOT AT THE PRESENT TIME

ONE CHILD ATTENDED BOWIE AND OHS, GRAUDATED IN 2015

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: Debbie Donaldson
P.O. Box 3912
Odessa, Texas 79760***