

## 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 2011 AND CONCLUDE IN AUGUST 2013.**

Name:

Address:

Spouse's Name:

Occupation:

Home Phone:

Business Phone:

Email Address:

Race or Ethnic Group:

Children (if any) in ECISD: \_\_\_\_\_

Is your spouse or any family member related to an employee of ECISD or any member of the ECISD Board of Trustees?

Are you a resident of Ector County?

Qualifications:

Community Member  
Interest in serving the students of Ector County  
Experience as a teacher and in higher education