APPLICATION FOR SCHOOL HEALTH ADVISORY COUNCIL

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

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:

Email to:

Ector County ISD Attn: Michael Neiman P.O. Box 3912 Odessa, Texas 79760 michael.neiman@ectorcountyisd.org