

**APPLICATION FORM FOR
APPOINTMENT TO THE KSBA BOARD
OF DIRECTORS
(FIRST REGIONAL CHAIRPERSON)**



To be considered for appointment, the nomination form must be completed and received by KSBA no later than Friday, September 18, 2020.

Send completed forms to:

Kerri Schelling, Executive Director
260 Democrat Drive
Frankfort, KY 40601
kerri.schelling@ksba.org
office: 502-783-1111 *** mobile: 859-492-1497

NAME: _____
(FIRST) (M.I.) (LAST)

ADDRESS: _____
(MAILING ADDRESS)

_____ (CITY) (STATE) (ZIP)

BUSINESS: _____
(AREA CODE) (NUMBER) **RESIDENCE:** _____
(AREA CODE) (NUMBER) **Cell:** _____
(AREA CODE) (NUMBER)

E-MAIL: _____ **FAX:** _____
(AREA CODE) (NUMBER)

Please complete all appropriate sections for consideration by regional nominating committees.

PRIMARY OCCUPATION: _____

EDUCATION BACKGROUND: _____

PROFESSIONAL EXPERIENCE: _____

LOCAL LEADERSHIP EXPERIENCE

(Use separate sheets if necessary):

1. Name of School District/Board of Education on which you serve: _____

2. Name of KSBA Region in which you serve: _____

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3. Dates of service on your local school board (including current term): _____

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4. When does your current term expire? _____

(MONTH)

(YEAR)

5. List all dates and offices that you have held on your local school board:

Position on Local School Board Dates

(i.e. Member, President, Vice President, Committee Chair, etc.)

6. Local leadership experience in your community (list community service such as church officer, government experience, Chamber of Commerce, youth organizations, etc.):

Return completed forms by the September 18 deadline to:

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