

## **2019-2020 STUDENT BOARD MEMBER APPLICATION**

### **INSTRUCTIONS and GUIDELINES**

#### **Eligibility:**

- LAUSD high school students
- 2.0 or above grade point average
- Senior (12<sup>th</sup> Grade) in the 2019-2020 school year
- Able to serve full-year term
- Perform all duties as assigned

#### **A COMPLETE application packet will include the following:**

1. Application
2. Written response
3. Most recent high school transcripts showing current grades
4. Three (3) letters of recommendation from the following stakeholders:
  - a. Student (from your school)
  - b. High school teacher (from your school)
  - c. Principal or designee (from your school)

#### **DEADLINE**

Application packets are due to the Parent, Community and Student Services by **5:00 PM on Friday, March 8, 2019.**

Packets must be emailed to:

Dr. Brenda Manuel  
Email: [brenda.manuel@lausd.net](mailto:brenda.manuel@lausd.net)

Please email complete application to:  
**Dr. Brenda Manuel**  
Email: [brenda.manuel@lausd.net](mailto:brenda.manuel@lausd.net)

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Division of Instruction  
**STUDENT EMPOWERMENT UNIT**

**APPLICATION DEADLINE:**

**March 8, 2019 5:00 PM**

Only complete application packets will be considered. See Instructions for packet contents.

**2019-2020 STUDENT BOARD MEMBER APPLICATION**  
**WRITTEN RESPONSE**

Please use separate sheets of paper to answer the following questions. Your responses must be included in your application packet. Limit your responses to no more than three (3) pages in total.

- 1) Tell us about yourself – list your academic achievements, honors, extra-curricular activities, and work experience (if applicable).
- 2) Identify and discuss what you consider the most challenging issue that is affecting students in the public education system in Los Angeles. Why do you consider this a challenge for students? What can students do to make a difference?
- 3) Why do you want to serve as the Student Member of the Board of the Los Angeles Unified School District Board of Education? What contribution will you make in this role?

Thank you for your interest in becoming the next LAUSD Student Board Member. Please review your packet for accuracy and completeness. We wish you the best of luck in this and all future endeavors.

Please email complete application to:  
**Dr. Brenda Manuel**  
 Email: [brenda.manuel@lausd.net](mailto:brenda.manuel@lausd.net)

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**2019-2020 STUDENT BOARD MEMBER APPLICATION**

**Eligibility: Only LAUSD High School Students who will be seniors (12<sup>th</sup> Grade) in the 2019-2020 academic year are eligible to submit applications**

NAME (Last, First, Middle Initial)		BIRTHDATE (mm/dd/yyyy)	HOME PHONE NUMBER (include Area Code)
HOME ADDRESS (Street, City, State, Zip Code)			
STUDENT LAUSD EMAIL ADDRESS		PARENT NAME(S)	PARENT CONTACT NUMBER (S)
NAME OF HIGH SCHOOL		NAME OF PRINCIPAL	
SCHOOL ADDRESS (Street, City, State, Zip Code)			
SCHOOL PHONE NUMBER (include Area Code)		LOCAL DISTRICT, IF KNOWN	
APPLICANTS' GRADE LEVEL FOR 2019-2020 – (only seniors are eligible) <input type="checkbox"/> Senior		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
ETHNIC/RACIAL GROUP (Response is optional) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Filipino <input type="checkbox"/> White, not Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____ <input type="checkbox"/> Black, not Hispanic <input type="checkbox"/> Pacific Islander			

**Three (3) letters of recommendations (1. fellow student, 2. High School Teacher and 3. High School Principal) MUST accompany your application. In the spaces below please, provide information about your three references. Transcripts MUST also accompany your application.**

1	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION
2	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION
3	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION

**SIGNATURES**

*I certify that the essays written and submitted with this application represent my work.*

\_\_\_\_\_  
 Date Signature of Student

*I understand that my support will be essential in making my son/daughter a successful Student Member of the Board of Education.*

\_\_\_\_\_  
 Date Signature of Parent or Guardian

**APPLICATION CHECKLIST**

**Have you included?**

- COMPLETE APPLICATION
- WRITTEN RESPONSE
- TRANSCRIPTS
- THREE (3) LETTERS OF RECOMMENDATION (STUDENT, TEACHER, PRINCIPAL)