

APPLICATIONS MUST BE RECEIVED AT THE ADDRESS TO THE RIGHT, NO LATER THAN **June 7, 2006, 5:00 p.m.**

ILLINOIS STATE BOARD OF EDUCATION
 Student Advisory Council S-306
 100 North First Street
 Springfield, Illinois 62777-0001
 217/782-2223

**APPLICATION FOR THE 2006-2007 STUDENT ADVISORY COUNCIL
 TO THE ILLINOIS STATE BOARD OF EDUCATION**

INSTRUCTIONS: Please submit applications as soon as possible. Mail completed application to the above address. **Applications must be received no later than June 7, 2006, 5:00 p.m.** This application may be duplicated. Additional pages should be used and attached.

NAME (Last, First, Initial)		NAME OF SCHOOL	
ADDRESS (City, State, Zip Code)		ADDRESS (City, State, Zip Code)	
HOME PHONE (Include Area Code)	BIRTHDATE (Month/Day/Year)	PHONE (Include Area Code)	COUNTY
ETHNIC/RACIAL GROUP (Response is optional.)		CURRENT GRADE LEVEL:	
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> Black, not Hispanic		<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior NUMBER OF STUDENTS IN SCHOOL	

Please write an essay on the following topics. Do not exceed three single-spaced pages.

1. List your involvement in student activities and explain your reasons for getting involved. Why are you interested in serving on the council?
2. Describe the biggest problem confronting students in your school and relate this to your thoughts on education in general. Why do you feel this is a problem?
3. Is there anything else you would like to add about yourself?

In the spaces below, please give two references. One of them must be a teacher, advisor, or coach who has observed you in student activities within the past two years. Letters should accompany the application, and must be sealed in an envelope with recommender's signature across the seal.

1	NAME	SUMMER OR BUSINESS TELEPHONE (Include Area Code)
	ADDRESS (City, State, Zip Code)	OCCUPATION
2	NAME	SUMMER OR BUSINESS TELEPHONE (Include Area Code)
	ADDRESS (City, State, Zip Code)	OCCUPATION

SIGNATURES

I certify that the essays written represent my own work.

_____ Date _____ Signature of Student

I understand that the State Board of Education is not responsible for my son/daughter while en route to, or participating in Student Advisory Council activities, and that the Board staff does not provide round-the-clock supervision during Council meetings. I also understand that my support will be essential to making my son/daughter a successful Student Advisory Council member.

_____ Date _____ Signature of Parent or Guardian

A copy of this application will be forwarded by my office to the district superintendent and school board.

_____ Date _____ Signature of Principal/Assistant Principal _____ Name of Principal/Assistant Principal- Please Print or Type