



Illinois State Board of Education

100 North First Street, S-284
Springfield, Illinois 62777-0001

APPLICATION FOR THE 2019-20 SCHOOL YEAR STUDENT ADVISORY COUNCIL TO THE ILLINOIS STATE BOARD OF EDUCATION

INNOVATION AND SECONDARY TRANSFORMATION

The Student Advisory Council to the Illinois State Board of Education provides student voice on educational issues. Selected students participate virtually and attend meetings in Springfield throughout the school year. If you are a freshman, sophomore, or junior currently attending a public high school in Illinois, please consider lending your voice to education policy development in Illinois. Additional information may be found at <https://www.isbe.net/Pages/Student-Voices.aspx>. **Questions may be emailed to ISBESAC@isbe.net.**

INSTRUCTIONS: Please submit application no later than 5:00 p.m., **May 31, 2019**, to the address above or by emailing ISBESAC@isbe.net. Application may be duplicated. **Note: Only public school students can apply.**

NAME (Last, First, Initial)	NAME OF SCHOOL	
HOME ADDRESS (Street, City, State, ZIP Code)	SCHOOL ADDRESS (Street, City, State, ZIP Code)	
HOME PHONE (Include Area Code)	DISTRICT NAME AND NUMBER	COUNTY WHERE SCHOOL IS LOCATED
PARENT(S) NAME	GRADE LEVEL YOU WILL BE IN 2019-20 SCHOOL YEAR <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
PARENT(S) CONTACT NUMBER (If different from student)	NUMBER OF STUDENTS IN SCHOOL	
EMAIL ADDRESS	BIRTHDATE (mm/dd/yyyy)	

ETHNIC/RACIAL GROUP (Response is optional)

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black, not Hispanic | <input type="checkbox"/> White, not Hispanic |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Multi-racial |

Please respond to the following question by filling in your answer in the box below or by attaching a document:

Share your ideas on how you can use your unique voice to improve opportunities for all students in Illinois? (limit 500 words)

FOCUS AREA

Last year's Student Advisory Council members researched a variety of education issues and shared their findings with the Board. Please select up to three areas of interest among these topics and/or provide other ideas that may help guide the new council:

- Equity of Resources
- Competency-Based Education
- Technology in the Classroom
- Mental Health/Social Emotional Learning
- Postsecondary/College and Career Readiness
- Special Education
- Other: _____

In the spaces below, please provide one reference from a teacher, adviser, coach, or employer who has worked with you in the past two years.

NAME	SUMMER OR BUSINESS TELEPHONE (Include Area Code)
ADDRESS (Street, City, State, ZIP Code)	OCCUPATION

By submitting this application, I confirm that I have met with my school superintendent, principal, or counselor and received permission to apply for the SAC, that I understand the responsibilities of the SAC, and agree to fulfill those responsibilities if I am selected. I certify that the information in this application is true and correct

**Applications Must Be Received at 100 North First Street, Springfield, IL 62777-0001
OR emailed to ISBESAC@isbe.net no later than 5:00 p.m., May 31, 2019.**