APPLICATIONS MUST BE RECEIVED AT THE ADDRESS TO THE RIGHT, NO LATER THAN MAY 26, 2017, 5:00 P.M.

ILLINOIS STATE BOARD OF EDUCATION
Educator Effectiveness Division
Attention Vince Camille
100 North First Street S-306
Springfield, Illinois 62777-0001

APPLICATION FOR THE 2017-2018 SCHOOL YEAR STUDENT ADVISORY COUNCIL
TO THE ILLINOIS STATE BOARD OF EDUCATION

INSTRUCTIONS: Please submit application no later than May 26, 2017, 5:00 p.m. to the address above. Additional pages may be attached. Application may be duplicated. Note: Only public school students may apply.

NAME (Last, First, Initial)	BIRTHDATE (mm/dd/yyyy)	NAME OF SCHOOL	
ADDRESS (Street, City, State, Zip Code)		ADDRESS (Street, City, State, Zip Code)	
HOME PHONE (Include Area Code)	E-MAIL ADDRESS	SCHOOL PHONE (Include Area Code)	COUNTY
PARENT(S) NAME		GRADE LEVEL YOU WILL BE IN THE FOR 2017-2018 SCHOOL YEAR ☐ Sophomore ☐ Junior ☐ Senior	
PARENT(S) CONTACT NUMBER (If different from student)		NUMBER OF STUDENTS IN SCHOOL	
DISTRICT NAME AND NUMBER		DISTRICT PHONE NUMBER (Include Area Code)	

ETHNIC/RACIAL GROUP (Response is optional)

☐ American Indian or Alaskan Native ☐ Black, not Hispanic ☐ White, not Hispanic
☐ Asian or Pacific Islander ☐ Hispanic ☐ Multi-racial

Submit two essays on the following topics, not to exceed one single-spaced page per question.

1. Why are you interested in serving on the ISBE Student Advisory Council (SAC)? In your response, you may wish to include information about your involvement in other activities in and out of school that will assist the advisors to get to know you better and further explain why you wish to be part of SAC 2017-2018.
2. Describe an important issue confronting students in school today, but do NOT include a solution. Identify the manner in which you might research possible solutions to this issue.

In the spaces below, please give two references. One reference must be a teacher, advisor, or coach who has observed you in student activities within the past two years. A letter from each reference should accompany the application, and must be sealed in an envelope with recommender's signature across the seal. ***Note: Only public school students may apply.***

1	NAME	SUMMER OR BUSINESS TELEPHONE (Include Area Code)
	ADDRESS (Street, City, State, Zip Code)	RELATION TO STUDENT
2	NAME	SUMMER OR BUSINESS TELEPHONE (Include Area Code)
	ADDRESS (Street, City, State, Zip Code)	RELATION TO STUDENT

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 principal to the district superintendent and school board.

Date *Signature of Principal/Assistant Principal* *Typed/Printed Name of Principal/Assistant Principal*

If you have any questions, please contact Vince Camille at (217) 557-6763 or vcamille@isbe.net.