

**VSCA APPOINTED COMMITTEE MEMBER
APPLICATION for 2018 – 2019**

This form must be typed or clearly printed in black ink with original signatures. All sections of the application must be completed. Incomplete or unreadable applications will be returned.

Name _____

Home Address _____

City, State, Zip Code _____

Home Phone Number _____

Email _____

Date of Birth _____ Sex (check one) M F

Current School _____

School Division _____

Region _____

School Address _____

City, State, Zip Code _____

School Phone Number _____

Student Council Advisor's Name _____

Advisor's Email _____

School You Will Attend in the fall _____

Rising Grade Level (check one) 5 6 7 8 9 10 11 12

Postmark Deadline if June 1, 2018.

Mail completed application to:

VSCA State Office

4909 Cutshaw Avenue

Richmond, Virginia 23233

Call (804) 370-0822 if you need clarification.

(over)

SCA/VSCA Experience

Other Leadership/Extracurricular Activities

Please write a brief summary (at least one paragraph, no more than 250 words) explaining why you would like to be an appointed committee member on the VSCA Advisory Committee. You may attach an additional sheet if necessary.

If accepted as an appointed committee member, I understand the responsibilities of this position and will be willing to fulfill them to the best of my ability. I understand that I will be responsible for all expenses involved for attending meetings (motels, meals, transportation, etc.).

Applicants Signature _____

Date _____

Advisor's Signature _____

Date _____

Principal's Signature _____

Date _____