

# Committee Seat Application

## Application Must be Typed

Applicant Information			
Name:			
School:	Graduation year: <input type="checkbox"/> 2022 <input type="checkbox"/> 2023	Email:	
Home address:			Contact Phone:
City:	State: CA		Zip Code:
Current GPA:	# of classes enrolled Spring 2021:	Favorite Subject:	
Committees of interest <input type="checkbox"/> Strategic Planning <input type="checkbox"/> Finance <input type="checkbox"/> Community Health			
Parent/Guardian Information			
Name:			
Email:			Contact Phone:
Educational Background			
Please describe your academic and personal goals, and how these will be further achieved being a part of a Beach Cities Health District (BCHD) advisory committee. <i>Please limit your response to 200 words or less.</i>			

**Honors & Recognitions**

Please list all of the scholastic and school-related achievements you've attained during your high school career.

**Service to the Community**

Please highlight a few of your non-academic and/or extracurricular experiences and explain how these supplement your academic and personal growth. Be sure to describe any activities demonstrating your commitment to service in the community (e.g., volunteer opportunities).

### Personal Letter of Interest

In this section, please describe your interest in being a part of a BCHD advisory committee, including why this type of work is important, how this aligns with your future goals, and how you would like to make an impact on the health and wellbeing of the Beach Cities of Hermosa Beach, Manhattan Beach and Redondo Beach. *Please limit your response to 500 words or less.*

**Please provide a response if you would like to be a part of the Finance Committee**

In this section, please describe why you would like to be a part of BCHD's Finance Committee, including what type of background you have that makes you ideal for serving in this capacity (e.g., math/economics/finance classes you've taken, examples of your commitment to fiscal responsibility, and how serving on the Finance Committee will benefit your long-term goals.) *Please limit your response to 350 words or less.*

**References**

Please list three references including one school administrator, one teacher and one friend. After they have reviewed this application, please have them sign below and fill out their contact information. References may be asked to provide a scholastic and/or character reference for you, based on your work ethic and accountability as a part of this advisory committee.

	Name	Signature	Email and Phone Number
Administrator			
Teacher			
Friend			

I have read and understand the importance of the advisory committee seat, and verify the information provided on this form is true to the best of my ability.

Signature of applicant:	Date:
Signature of parent/guardian:	Date:

**PLEASE RETURN APPLICATION BY 12 NOON on MAY 3, 2021**