

**LINCOLN COUNTY SCHOOL DISTRICT
BOARD OF DIRECTORS**

**APPLICATION FOR APPOINTMENT TO
LINCOLN COUNTY SCHOOL DISTRICT
BUDGET COMMITTEE - ZONE 5**

NAME _____

MAILING ADDRESS _____

RESIDENT ADDRESS (if different from mailing address):

(Applicant must reside in Zone 5 at the time of application, may **not** be an employee of LCSD, and must be a registered voter.)

HOME PHONE _____ BUSINESS PHONE _____

EMAIL ADDRESS _____

Registered Voter: _____Yes _____No

1. Why do you seek appointment to the Budget Committee (If you need additional space, please use an additional page).

2. What do you see as your strengths and weaknesses in serving on a public board such as the Lincoln County School District Budget Committee?

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