

Samuel Miller Magisterial District School Board Member Application

Applications must be received no later than 5 p.m. on Tuesday, May 26, 2015.

Name _	
Home .	dress
*You	t be registered to vote in the Samuel Miller District. You can determine this by checking your voter card or by calling the Voter Registration Office at 434-972-4173.
Phone	Cell Phone
Email	
Do you	nrrently have children/grandchildren in ACPS?Yes No
If no, h	e you had children/grandchildren in ACPS? YesNo
	have you resided in Albemarle County?
	e/council work.
Please	licate where appropriate, areas of your experience and knowledge:
	School ConstructionResearchEducation/Curriculum
	EngineeringDatabases
	Architectural ExpertiseBudget Analysis
	County PlanningNonprofit and Human Services
	Land DevelopmentPublic Administration
	Statistics/DemographicsFederal Government/Military Finance Other
	Other County Government
	county dovernment

Please further explain your	experience(s) as	indicated in	n the list al	ove, incl	uding a	ny
leadership skills, education	and experiences					

Indicate if you are attaching additional information Attachments are provided	on pertinent to this application.
No attachments were necessary	
Signature	Date

Be advised that upon submission, this application and supporting documents becomes a public document and may be published by Albemarle County Public Schools.

Return application to:

Jennifer Johnston, Clerk Albemarle County School Board 401 McIntire Road, Room 345 Charlottesville, VA 22902

Phone: 434-972-4055 Fax: 434-296-5869

Email: jjohnston@k12albemarle.org