



New Hope-Solebury School District Committee Member Application

Name: _____ Phone: _____

Address: _____

Email: _____

Occupation: _____

Committee(s) Interested in:

- Special Education
- Curriculum Advisory
- Policy/Human Resources
- Facilities
- Finance

Please state the reason(s) for your interest in participating in a Committee(s):

Signature

Date

Please be aware that this document will be shared with the public at the Board of School Directors meeting as part of the approval process.