

703 South New Street Champaign, Illinois 61820

Education Equity Excellence (EEE) Committee Application for Committee Member

Name:	
Street Address or P.O. B	ox:
City/State/Zip:	
Home Telephone:	
Cell Telephone:	
Business Telephone:	
E-mail Address:	
Occupation:	
Please answer the follo	owing questions. You may attach additional pages if you need more room to respond.
	you bring to the EEE Committee? (For example, if you are a member of an sses education or equity issues, you are a parent of a current student etc.)

What is your interest and motivation for serving as an EEE Committee member?

escribe your pro	fessional background,	education and/or	experience as it	relates to educatio	n equity.
lease take a mon Committee.	nent to explain what y	our vision is as to	how you can ser	ve most effectively	on the EEI

When you have completed the application, please:

- Attach any additional pages
- Attach your brief bio
- Attach references or endorsements that support your candidacy as an EEE Committee Member

Return this form and attachments to:

Education Equity Excellence Committee c/o Dr. Judy Wiegand, Superintendent Champaign Unit 4 School District 703 South New Street Champaign, Illinois 61820