

Application for a Position on the Board of Directors
New Discoveries Montessori Academy

Name _____ Phone # _____

Address _____ Cell phone # _____

Email Address _____

How do you know about New Discoveries Montessori Academy? (Check all that apply)

Child in School – Names and Grades _____

Employed by the School – Position and years worked _____

Interested community member

Other – List _____

Why do you want to serve on the Board of Directors?

1.

2.

3.

4.

What are your qualifications for being a member of the Board of Directors?

(In addition attach a copy of your resume, if you would like. We will also need a short bio about you.)

1. –

2. –

3. –

4. –

I desire to be a member of the Board of Directors of New Discoveries Montessori Academy. (Must be signed and dated to be valid.)

Signed: _____ Date _____, 201_____