Ipswich Public Schools Instructional Mini-Grant Committee Member Application

Name:	Date:
Street Address:	
Primary Phone Number:	
Primary Email Address:	
Briefly describe your con	nection to the Ipswich Public Schools:
State your interest in bein	ng appointed to the Instructional Mini-Grant Committee:
Describe your present and business, professional, etc	d past community involvement and/or interests (i.e. voluntary, social, e.):
Describe any particular s the Instructional Mini-G	kills, background, education, training or experience that you would bring to rant Committee:
Applicant Signature:	Date:

Your interest in serving on this committee is greatly appreciated. After this application is reviewed, you will be notified as to the School Committee's decision regarding your appointment to the committee.