

This is an opportunity for you to participate in ANCCS. It is an honor and privilege to serve on the APC to uphold the charter and ensure the longevity and success of ANCCS.

Name: _____
Street Address: _____
City ST ZIP Code: _____
Phone: _____
E-Mail Address: _____

Parents/guardians/grandparents of current ANCCS students, please list the student's name and your relationship to them. Parents can also apply for community member positions if there are no open parent seats. ANCCS staff who are also a parent/guardian/grandparent may only apply for the staff or community member positions.

___ Parent (3 seats open) _____ ANCCS Community Member (3 seats open)
 Student name/Relationship

___ ANCCS Staff (1 seat available)

Describe the experience, knowledge, or skills you will bring to the APC.

Describe why you would like to be on the APC.

_____ Appositios

If you are not elected, would you be interested in serving

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