



Charleroi Area School District Education Foundation
P.O. Box 382, Charleroi, PA 15022

CASDEF BOARD MEMBER APPLICATION

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Employer: _____

Educational Background:

High School: _____

Post-Secondary: _____

Degree(s): _____

How did you hear about CASDEF? _____

Why do you want to become a board member of CASDEF?

Are you a member of any other boards? If so, please list them along with the days they meet. _____

Are you a resident of the Charleroi Area School District?

Yes _____ **How many years?** _____ **No** _____

Are you or any immediate family member an employee of the Charleroi Area School District? If so, in what position? _____

Do you have children/grandchildren in the Charleroi Area School District?

Yes _____ **No** _____

Printed Name

Signature

Date