



Community Education Advisory Council Application

Please return form to:

Kathy Englund
 Roseville Area Schools Community Education
 1910 County Road B West
 Roseville, MN 55113

For questions call: 651.604.3507

Email: Kathy.Englund@isd623.org

Be sure your email subject line is:

'Community Education Advisory Council Application for YOUR NAME'

Name (First, Last): _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

Email: _____

Please fill out the following questions. Attach another sheet of paper if needed.

Why do you want to serve on the Roseville Area Schools Community Education Advisory Council?

What strengths, experiences, or special interests do you bring to the table?

What interests you about Community Education?

Which of the Community Education program areas have you or your family participated in?

The Council typically meets Wednesday evenings 4 times per year. Are you able to commit to attending a minimum of 4 meetings per year? Yes No