



703 South New Street  
Champaign, Illinois 61820

## Education Equity Excellence (EEE) Committee Application for Committee Member

Name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

*Please answer the following questions. You may attach additional pages if you need more room to respond.*

What qualifications will you bring to the EEE Committee? (For example, if you are a member of an organization that addresses education or equity issues, you are a parent of a current student etc.)

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What is your interest and motivation for serving as an EEE Committee member?

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Describe your professional background, education and/or experience as it relates to education equity.

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Please take a moment to explain what your vision is as to how you can serve most effectively on the EEE Committee.

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**When you have completed the application, please:**

- Attach any additional pages
- Attach your brief bio
- Attach references or endorsements that support your candidacy as an EEE Committee Member

**Return this form and attachments to:**

Education Equity Excellence Committee  
c/o Susan Zola, Superintendent  
Champaign Unit 4 School District  
703 South New Street  
Champaign, Illinois 61820