

# FINANCE COMMITTEE APPLICATION

*Please submit the completed application form to:*

Dr. Susan Zola, Superintendent  
Champaign Community Unit School District No. 4  
502 W. Windsor Rd.  
Champaign, IL 61820

**Mark on Envelope: Finance Committee Application**

**Name**

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**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone No.** (\_\_\_\_) \_\_\_\_\_

**Email** \_\_\_\_\_

**Name of Employer**

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**Work Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Number of Years Residence in Unit 4 District** \_\_\_\_\_

**Mark One:** ( ) U4SD Board/Administration ( ) U4SD Teacher ( ) U4SD Support Staff  
**Community Member with background in:** ( ) Banking/Finance ( ) Accounting ( ) Business  
**Owner/Corporate Department Head ( ) University Professor (Business/Economics/Related) ( )**  
**Other (describe):**

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In the space provided, please provide a brief statement describing why you are interested in serving on the U4SD Board Finance Committee.

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Please describe your skills, training and experience in financing, budgeting, taxes and levies, purchasing and procurement and any additional qualifications, experience, or expertise that qualifies you for membership on this committee. (You may attach an additional page, if needed.)

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**MEMBERSHIP CATEGORY**

It is desirable that members of the committee represent all stakeholders of the District. Please indicate the community designation(s) for which you believe you qualify. Check all that apply.

**Stakeholder Qualifications**

€ Active in a business organization representing the business community located within the Champaign Community Unit School District No. 4.

Please specify:

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€ Active in a community group or organization (service club, senior citizens' organization, etc.).

Please specify:

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€ A parent or guardian of a child enrolled in Champaign Unit 4 Schools.

Please specify:

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€ Active in another public entity.

Please specify:

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€ Other.

Please specify:

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**MEMBERSHIP RESTRICTIONS**

1. Are you an employee of Champaign Community Unit School District No. 4?

YES       NO

2. Are you a vendor, contractor, or consultant to Champaign Community Unit School District No. 4?

YES       NO

3. Are you able to complete at least one term (two years) as a member of the committee, and refrain from becoming an employee, vendor, or consultant of the District?

YES       NO

4. If selected, would you anticipate any potential personal or professional conflicts of interest associated with your membership on the committee? If so, please describe:

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**Certification of the Applicant**

I certify that the answers and statements in this document are true and correct to the best of my knowledge and belief.

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**Signature of Applicant**

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**Date**