



Hawaii State PTSA Board of Directors
Student Member Application Form

(TYPE OR PRINT LEGIBLY)

NAME: BIRTHDATE:

ADDRESS: (street, city, zip)

PHONE NUMBER: EMAIL:

CURRENTLY: (circle one) SOPHOMORE JUNIOR SENIOR COLLEGE

NAME(S) OF PARENT(S)/GUARDIAN(S):

ADDRESS: (If different than student's address)

HOME PHONE NUMBER: CELL PHONE NUMBER:

COUNSELOR'S NAME: PHONE NUMBER:

MEMBER OF: Name of PTA/PTSA

ATTACH NO MORE THAN TWO ADDITIONAL SHEETS OF PAPER, PROVIDING THE FOLLOWING INFORMATION:

- 1. Your reasons for wanting to serve on the Hawaii State PTSA Board of Directors.
2. Classes you are currently enrolled in or (for summer applications) classes you expect to enroll in next year.
3. List of all your extra-curricular activities, past and present, including community service, sports, club memberships and offices, volunteer work and/or part time jobs.
4. If employed, description of your employment (include estimated number of hours working per week).

Hawaii State PTSA Board meetings are normally held four times a year. The first three quarters may be held on Saturdays on Oahu. The fourth quarter meeting is held immediately prior to and after the annual convention (Friday to Sunday). The State PTSA pays for authorized travel, meal, and lodging expenses for State PTSA board members.

WILL YOU HAVE TIME AND BE ABLE TO ATTEND THE HAWAII STATE PTSA BOARD OF DIRECTORS MEETINGS? YES _____ NO _____

IF NECESSARY, WILL YOU BE ABLE TO BE RELEASED FROM SCHOOL TO ATTEND THE HAWAII STATE PTSA BOARDS OF DIRECTORS MEETINGS HELD IN CONJUNCTION WITH THE CONVENTION? YES _____ NO _____

SIGNATURE OF STUDENT

DATE SIGNED

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED

PLEASE SUBMIT THIS COMPLETED APPLICATION WITH THE FOLLOWING ATTACHMENTS:

1. Information as requested on the previous page (up to two pages)
2. Two letters of recommendation based on the following criteria:
 - (a) At least one recommendation from a school administrator, counselor, or faculty member.
 - (b) The other recommendation may come from any source except immediate family members or students.

PLEASE RETURN THE COMPLETED APPLICATION WITH ATTACHMENTS:

SCAN AND EMAIL TO: histateptsa@gmail.com

OR MAIL TO: HAWAII STATE PTSA
PO BOX 459
PEARL CITY, HI 96782

QUESTIONS? Please email: histateptsa@gmail.com