

**APPLICATION FOR APPOINTMENT TO
ILLINOIS SCHOOL FOR THE DEAF ADVISORY COUNCIL**

Name	
EMAIL ADDRESS	
MAILING ADDRESS	
PHONE	

QUALIFIED FOR/ APPLYING FOR THE FOLLOWING ISD ADVISORY COUNCIL POSITION:

- PARENT OR GUARDIAN OF A CURRENT STUDENT
- DEAF PERSON, INCLUDING ISD ALUMNI
- PROFESSIONAL IN A FIELD RELATED TO DEAFNESS, INCLUDING FORMER ISD EMPLOYEES

PLEASE DESCRIBE HOW YOU BEEN ACTIVE IN THE ILLINOIS SCHOOL FOR THE DEAF, IN ADVOCACY GROUPS, OR IN THE OVERALL ADVANCEMENT OF DEAF EDUCATION:

WHAT UNIQUE CHARACTERISTICS, QUALIFICATIONS AND EXPERIENCES WOULD YOU BRING TO THE COUNCIL?

WHY WOULD YOU LIKE TO SERVE ON THIS COUNCIL?

MY SIGNATURE CERTIFIES THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE.

SIGNATURE DATE

PLEASE RETURN THIS FORM TO:

Illinois School for the Deaf Advisory Council
Attn: Gwenn Eyer, Membership Chair
125 Webster Avenue, Jacksonville, IL 62650
OR via Email to: Serena.Preston@illinois.gov