

**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:**

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

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**WHY WOULD YOU LIKE TO SERVE ON THIS COUNCIL?**

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

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SIGNATURE DATE

**PLEASE RETURN THIS FORM TO:**

Illinois School for the Deaf Advisory Council  
Attn: Sheri Cook, Membership Chair  
125 Webster Avenue, Jacksonville, IL 62650  
OR via Email to: [Julee.Nist@illinois.gov](mailto:Julee.Nist@illinois.gov)