



everychild. one voice.

## Hawaii State PTSA Board of Directors Student Member Application Form

(TYPE OR PRINT LEGIBLY)

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: (street, city, zip) \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CURRENTLY: (circle one) SOPHOMORE JUNIOR SENIOR COLLEGE

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

ADDRESS: (street, city, zip) \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

COUNSELOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

MEMBER OF: \_\_\_\_\_ PTA REGION: \_\_\_\_\_  
Name of PTA/PTSA

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

1. Your participation in PTA/PTSA.
2. Classes you expect to enroll in next year
3. Extracurricular activities, past and present, with a brief description of your participation including number of hours per week spent at that activity.
4. If employed, description of your employment (include number of hours working per week).
5. Your reasons for wanting to serve on the Hawaii State PTSA Board of Directors.

**Hawaii State PTSA Board meetings are normally held four times a year. The July, October, and January/February meetings are usually held from Friday evening through Sunday late afternoon on Oahu. The April/May meeting is held immediately prior to and after the annual convention (Thursday to Sunday). The State PTSA pays for authorized travel, meal, and lodging expenses for State PTSA board members, including student members, for all board meetings.**

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

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. Letters of recommendation from each of the following:
  - a. School administrator or counselor
  - b. PTA/PTSA President where you are member
  - c. One other person
- 3. Letter from school principal authorizing release time from class should you receive the appointment (April/May—for convention)

PLEASE RETURN THE COMPLETED APPLICATION WITH ATTACHMENTS TO: FAX 808-593-2041

**HAWAII CONGRESS OF PARENTS, TEACHERS & STUDENTS  
1350 S. KING ST., SUITE 209, HONOLULU, HI 96814-2008, (808) 593-2042**