

2021 MACS Board of Directors Nomination Form

**Term of Office:**

Eligible individuals – any school administrator of an operating charter school that is a member of the MN Association of Charter Schools. Only one (1) individual from a school is eligible to serve on the Board at any one time.

**Four 2-year seats open**
Term of Office: **July 1, 2021 - June 30, 2023**

*An \* indicates required fields.*

**Nominee Name \***: **Title/Position \***:

**Charter School \***:

**Number of Years at School \***: **Email \***:

**Work Phone Number** \*: **Cell Phone Number**:

**\*Please attach a photo of yourself in jpg or png format with this form.**

**Why do you want to serve on the MACS Board of Directors?\*:**

**Please share any prior governing board experience\*:**

**What experiences do you have advancing public school education, equity and choice?\*:**

**Skills, talents or professional connections relevant to our Association’s work\*:**

 **What are the challenges/opportunities over the next three-to-five years for Minnesota’s charter school movement?\*:**

 **Please list previous or current participation in MACS’ work and/or activities\*:**

**Provide a short bio that we could use on the Ballot Info Sheet and our Website\*:**

**Potential Conflicts of Interest Areas**

As a Board Member of the Association which deals with issues involving individual schools, it is important for the MACS Board to know what relationships you may have with **other charter** **schools:**

1) School Name

Employment/Contract Consulting Contract Charter School Board Member

2) School Name

Employment/Contract Consulting Contract Charter School Board Member

If more than two schools or conflicts must be listed, please notify mike@mncharterschools.org

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *I certify that I have received official authorization from my school director supporting my candidacy on behalf of my school.*

\* Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \*: \_\_\_\_\_\_\_\_\_\_\_\_

*\* (****Required*** *if you are not the executive director of the school)*