



LOWCOUNTRY MONTESSORI SCHOOL BOARD OF DIRECTORS APPLICATION

Nominated by Self _____ Other (name of nominator)_____

Name _____ Phone _____

Cell _____

Address _____ E-mail: _____

Spouse _____

Occupation _____

Employer _____ Position/Job Title _____

Work Number _____ Fax Number _____

Check one: Parent of LMS student _____ Community Member _____

Are you a current LMS Board Member? yes _____ no _____

List the top three reasons that you are interested in serving as a board member of Lowcountry Montessori School.

1. _____

2. _____

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3.

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Tell us about your experiences that qualify you to sit on the board. This may or may not include other board experience.

What personal strengths would you bring to the Board?

Is there anything else you would like to add?

Please write a brief biography that we can present to the Board of Directors and include on a ballot.

I have read the LMS Board Job Description, Individual Board Member Performance Expectations and Board Member Agreement. I have also read the information titled Charter

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Boards 101 provided by the LMS Board Development Committee. I understand the commitment required of the members of Lowcountry Montessori School Board of Directors.

Signature of Applicant/Nominee

Date

Printed Name of Applicant/Nominee