# Iowa Department of EducationApplication for Student Membership on the Iowa State Board of Education

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years Enrolled in District: \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years Residing in Iowa: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Grade Level (check): 10th \_\_\_\_\_\_\_\_ 11th \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative High School Grade Point Average at the end of 1st grading period, 2023-24: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Appropriate District Officer Title Date

District’s Grading Scale (check) 4.0 \_\_\_\_\_\_\_\_ 5.0 \_\_\_\_\_\_\_\_

Attach the following:

1. Typed or printed form describing your community and extracurricular activities.
2. District approval form completed and signed by superintendent or secondary principal.
3. Consent form completed and signed by parent or guardian.
4. Recommendation forms completed and signed by a high school teacher from whom you have received instruction, and an adult familiar with your community activities.

**Two recommendations are required.**

1. Typed or printed essay (maximum of one page) specifically addressing the following areas:
	1. Describe your interest in serving on the State Board of Education.
	2. Explain how your presence on the State Board of Education would benefit Iowa’s education system in Iowa.
	3. Address how you can represent all public high school students in Iowa.

**In submitting this application, I certify that the information I have provided is true, and, if appointed, I pledge that I will support the State Board of Education and the Iowa Department of Education by my presence and participation to the best of my abilities.**

Signature of Student Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postmark or hand-delivery application and all attachments on **or before March 22, 2024**, to:

Jeremy Anzevino
Iowa Department of Education
Grimes State Office Building
Second Floor
400 E 14th St
Des Moines, IA 50319-0146

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Applicant’s High School Extracurricular Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Grade Level(s) | Accomplishments/Honors Achieved Through Activity | Leadership Position(s) Held (if pertinent) | Other Desired Pertinent Information |
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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Applicant’s Community (Non-school) Activities While in High School

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Mo/Yr – Mo/Yr | Sponsor of Activity | Leadership Position(s) Held (if pertinent) | Other Desired Pertinent Information |
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# Approval by School District of Student’s Application for Iowa State Board of Education

The undersigned (must be superintendent or secondary principal) hereby states that student,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is hereby approved to submit his/her application for consideration as the nonvoting member of the Iowa State Board of Education for the term beginning May 1, 2024, and ending April 30, 2025.

The undersigned further verifies that the applicant is enrolled as a full-time student in grade

(check) 10 \_\_\_\_\_\_\_ 11 \_\_\_\_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School, and that the undersigned has reviewed the information on the student’s application.

On behalf of the above-named district, the undersigned confirms that, if appointed to the State Board by the Governor, the student’s absences from school for participation in official State Board activities shall not be marked as unexcused absences. Pursuant to Iowa Code section 256.5A, the district shall notify the student’s parent or guardian if the student’s cumulative grade point average falls during the term of membership on the State Board.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed or Typed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Parent/Guardian Consent for Application by Minor Student for Iowa State Board of Education Membership

The undersigned parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, states as follows:

My child has my consent to file the foregoing application and to serve, if appointed, as the nonvoting member of the Iowa State Board of Education for a term beginning May 1, 2024, and ending April 30, 2025. I make this consent based on my assessment of my child’s interest in serving on the board and his/her ability to participate in board activities without harmful effect to his/her academic achievement.

I acknowledge that Iowa Code section 256.5A requires that I supervise my child while he/she is participating in official board activities other than such activities that take place in the community in which my child and I reside. If I determine that such supervision is not necessary for my child, I understand that I must submit a signed release to the Iowa Department of Education.

I may withdraw this consent, in writing, at any time that I determine that membership on the State Board is contrary to my child’s best interest.

**Note to Parents:** The State Board of Education meets approximately 7 to 8 times per term. Most meetings are held in Des Moines, but 2 to 3 activities may be held at other communities in the state. The Iowa Department of Education provides mileage reimbursement, but does not provide direct transportation.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed or Typed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone Number of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Recommendation 1: High School Teacher that Instructed Applicant

Student Name the recommendation on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions for person making recommendation:

1. For ratings of listed qualities, please **select** the appropriate number.
2. Please **type or print** your response.
3. Seal this document in an envelope and return to the student for submission with application.

**Please do not share your responses with anyone.**

1. Rate the student in the following areas (1 is lowest and 5 is highest)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Characteristic | 1 | 2 | 3 | 4 | 5 |
| Work/Study Ethic |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Verbal Skills |  |  |  |  |  |
| Level of Maturity |  |  |  |  |  |

1. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the State Board of Education, and why?
2. What reservations, if any, do you have about the student’s ability to successfully serve as the student member on the State Board of Education, and why?

Person Making Recommendation (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you now the above-named student?

How long have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, understand that the above-named student is applying to be appointed by the Governor of Iowa as the nonvoting student member of the Iowa State Board of Education. I certify that I have not shared my responses with the above-named student or any other person.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the person making the recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Recommendation 2: High School Teacher that Instructed Applicant

Student Name the recommendation on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions for person making recommendation:

1. For ratings of listed qualities, please **select** the appropriate number.
2. Please **type or print** your response.
3. Seal this document in an envelope and return to the student for submission with application.

**Please do not share your responses with anyone.**

1. Rate the student in the following areas (1 is lowest and 5 is highest)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Characteristic | 1 | 2 | 3 | 4 | 5 |
| Work/Study Ethic |  |  |  |  |  |
| Attitude |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |
| Verbal Skills |  |  |  |  |  |
| Level of Maturity |  |  |  |  |  |

1. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the State Board of Education, and why?
2. What reservations, if any, do you have about the student’s ability to successfully serve as the student member on the State Board of Education, and why?

Person Making Recommendation (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you now the above-named student?

How long have you known the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, understand that the above-named student is applying to be appointed by the Governor of Iowa as the nonvoting student member of the Iowa State Board of Education. I certify that I have not shared my responses with the above-named student or any other person.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the person making the recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_