



*Empowering Innovation in Education*

## Board of Directors Candidate Application

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

Name (First Middle Last): \_\_\_\_\_  
first mi last

Address: \_\_\_\_\_ MI, \_\_\_\_\_  
Street City Zipcode

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Email: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_

How do you feel that LEF would benefit from your involvement on the Board?

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Please list your past and present involvement with Lowell Area Schools:

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Do you have relatives that have attended, will attend or are attending the Lowell Area Schools?

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Thank you very much for applying!

Please return this application to the following address:

Lowell Area Schools Education Foundation (LEF)  
300 High Street  
Lowell, MI 49331  
Or  
Email: [lef@lowelleducationfoundation.org](mailto:lef@lowelleducationfoundation.org)