

GCAC Student Board Application 2017-2018

(Please print legibly)

Name: _____

Address: _____

Telephone Number(s): _____

Email Address: _____

Age: _____ Grade Level: _____ Male: _____ Female: _____

Parent Name: _____

Please answer the following questions in the space provided:

1. Why do you want to be part of the Student Board? _____

2. What do you hope to accomplish as a member of the Student Board? _____

3. What talents could you bring to the Student Board? _____

4. Are you willing to commit to attending monthly Board meetings and participating in GCAC related activities required if you are selected as a member of the board? _____

Please use the back of this page to write any additional comments or suggestions you would like to share.

Please return completed application to Robin Byouk:

artscouncil@cityofgreer.org

or

301 E Poinsett St
Greer, SC 29651