## SAN GABRIEL UNIFIED SCHOOL DISTRICT

408 Junipero Serra Drive, San Gabriel, California 91776 (626) 451-5400 • FAX (626) 451-5498

## Application For Appointment To **District Budget Advisory Committee**

## GENERAL INFORMATION:

Name:					
	Last	First		MI	
Home Address					
	Street	City	State	Zip	
Employment: _	Name of Frankrica		Didi		
	Name of Employer		Position		
Work Address	Street	City	State	Zip	
T 1 1	Street	City	State	Σip	
Telephone:	Day time number/cell number	Evening number			
Email Address:	•	Alternate Email:			
Eman Address.	Afficiliate Linair.				
group 4. One s 5. Three	, ,	•	e respective St	akeholder	
SPECIFIC IN	FORMATION:				
1. How mar District?		you been a resident of the San	Gabriel Unific	ed School	
-	ive, or have you had child Gabriel Unified School D	ren, grandchildren or other family District? Yes No	z members atter	nd schools	

3.	Are you, or have you ever been an employee of the San Gabriel Unified School District? It so, which positions(s) and which years? If yes, explain:				
4.		reason, such as a conflict of interest e District Budget Advisory Committe			
5.		would like to be appointed to the Disonse on separate sheet(s) – include y			
6.	Committee be?	at will your most valuable contribut onse on separate sheet(s) – include y	-		
7.		ny special experience and/or exp unting, audits, management, or othe			
8.	Please list references				
	Name	Address	Telephone		