



LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF INSTRUCTION
STUDENT INVOLVEMENT, DEVELOPMENT AND EMPOWERMENT UNIT
 1360 WEST TEMPLE STREET, LOS ANGELES, CA 90026
 Email: brenda.manuel@lausd.net

APPLICATION DEADLINE:
May 10th, 2019 - 5:00 PM
 Complete applications **MUST BE EMAILED** to Dr. Brenda Manuel at brenda.manuel@lausd.net. All materials must be received no later than 5:00 PM on May 10th, 2019. Only complete application packets will be considered.

APPLICATION FOR THE 2019-2020 SUPERINTENDENT'S STUDENT ADVISORY COUNCIL

INSTRUCTIONS: Please submit the application no later than **5:00 PM ON May 10th, 2019**. Additional pages may be attached. Application may be duplicated.

NAME (Last, First, Middle Initial)		BIRTHDATE (mm/dd/yyyy)	HOME PHONE NUMBER (include Area Code)
HOME ADDRESS (Street, City, State, Zip Code)			
EMAIL ADDRESS	PARENT(S) NAME		PARENT(S) CONTACT NUMBER
NAME OF SCHOOL		NAME OF PRINCIPAL	
SCHOOL ADDRESS (Street, City, State, Zip Code)			
SCHOOL PHONE NUMBER (include Area Code)		TOTAL NUMBER OF STUDENTS AT YOUR SCHOOL (all grades)	
APPLICANT'S GRADE LEVEL FOR 2019-2020 <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not say <input type="checkbox"/> Other	
ETHNIC/RACIAL GROUP (Response is optional)			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Filipino	
<input type="checkbox"/> Asian		<input type="checkbox"/> White, not Hispanic	
<input type="checkbox"/> Black, not Hispanic		<input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	
<input type="checkbox"/> Pacific Islander			

Please write one essay that includes all of the following topics. Do not exceed three single-spaced pages.

1. Tell us about yourself – list your academic achievements, honors, extra-curricular activities, and work experience (if applicable). Explain how your involvement in these activities has enhanced your leadership ability.
2. Identify and discuss what you consider the most challenging issue that is affecting students in the public education system in Los Angeles. Why do you consider this a challenge for students? What can students do to make a difference?
3. Why do you want to serve as a member of the Superintendent's Student Advisory Council? What contribution will you make in this role?

In the spaces below please provide two references. One **must be from an administrator** who has observed your participation in student activities within the past year and who can confirm your GPA and the other reference must be one of your teachers. In addition, you must provide two letters of recommendation (one from an administrator and one from one of your peers). You must also include a copy of your transcripts with your application.

1	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION
2	NAME	CONTACT PHONE NUMBER (include Area Code)
	ADDRESS (Street, City, State, Zip Code)	PLACE OF EMPLOYMENT AND POSITION

SIGNATURES

I certify that the essay written and submitted with this application represents my own work.

_____ Date Signature of Student

If selected, I understand that my support will be essential in ensuring that my son/daughter is a successful Student Advisory Council member. I also understand that I will need to secure transportation for my child to and from each SSAC meeting and/or event.

_____ Date Signature of Parent or Guardian

I support this candidate's application and understand that my support will be essential in ensuring this candidate is a successful Student Advisory Council member. I will make sure that school staff members are provided with information about the SSAC and that the student will be provided with the opportunity to make up missed assignments. I will also assist the student with transportation to and from meetings/events as needed.

_____ Date Signature of Principal or designee _____
 Typed / Printed Name of Principal or designee