

## Horizon Academy West Equity Council Member Application

(please print)

<b>Applicant Name:</b>		
<b>Email Address:</b>		
<b>Cell Phone:</b>		
<b>Work Phone:</b>		
<b>Job Title (if applicable)</b>		
<b>Home or mailing address:</b>		
<b>Students at Horizon</b>	<b>Name of student (first last)</b>	<b>Grade</b>
1		
2		
3		
4		
5		
<b>Horizon Academy West community affiliations, if any (PTO, parent, parent volunteer, employee, board member, etc.):</b>		
<b>Reason for applying:</b>		
<b>Demographics:</b> <b>My family associates with the following:</b> (optional to answer - but taken into consideration for equitable representation)	<input type="checkbox"/> economical disadvantage <input type="checkbox"/> student receiving special education <input type="checkbox"/> English Learners/Bilingual <input type="checkbox"/> Native American Heritage Other: _____	
<b>Interested in:</b>	<input type="checkbox"/> 3 year term <input type="checkbox"/> 4 year term <input type="checkbox"/> other (specify yearly commitment – 1,2, etc.)	
	<i>Thank you for you for your interest in serving on the Horizon Academy West Equity Council.</i>	

Please return application form to the front office. For further questions, please contact our Dean of Students at [agallegos@hawest.net](mailto:agallegos@hawest.net). Thank you for your interest.