



**Statewide Advisory Council
APPLICATION**

NAME OF APPLICANT _____

Home Address _____

Business Address _____

HM Telephone () _____ TTY () _____

WK Telephone () _____ Other () _____

Email _____

Please answer the following.
(You are invited to attach additional pages, enclose a copy of your resume, or submit supplemental information that you feel may assist in the evaluation of your application.)

COMMUNITY SERVICE (Please list any boards, commissions, committees and/or organizations on which you are currently serving or have served.)

EMPLOYMENT (Title and duties)

(Over Please)

EDUCATION (Please include professional or vocational licenses or certificates)

BRIEFLY EXPLAIN what in your background, training, education, or interests, specifically qualifies you to serve as a member of the Council.

WHAT SPECIFIC qualities can you bring to the Council?

WHAT SPECIFIC experiences have you had with assistive technology?

Signature of Applicant

Date