



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

**APPLICATION FORM  
FINANCIAL OVERSIGHT COMMITTEE**

**TYPE OR PRINT IN BLACK INK**

Name:			
Mailing Address (include City, State, ZIP)			Resident in District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone:	Work Phone:	Fax Number:	Email Address:

All persons are invited to apply for membership on Santa Monica-Malibu Unified School District Advisory Committees regardless of race, age, sex, religion, marital status, national origin, ancestry, sexual orientation or disability.

The Financial Oversight Committee (*FOC*) will meet regularly during the school year. The annual schedule of meetings will be determined at the start of each year. Additional meetings will be scheduled as needed.

All applicants should attach a copy of their most current resume and return with this application.

Please check all that apply:

<input type="checkbox"/> <b>Parent</b> ( <i>Also indicate if you have children in nonpublic schools</i> )	School	Grade Level of Children
<input type="checkbox"/> <b>Expertise / experience</b> in any or all of the following: finance, management, law		
<input type="checkbox"/> <b>School Site or District Employee/SMMUSD</b>		
<input type="checkbox"/> <b>Student</b> ( <i>currently</i> )		
<input type="checkbox"/> <b>Community Member</b> ( <i>Non-Parent</i> )		

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Please list any local service or community organizations to which you belong. Also list any District Advisory Committees on which you are currently serving or on which you have previously served (include dates of service):

Specific abilities, experience, interests you would bring to the Financial Oversight Committee (please include community/business experience / occupation):

What would you hope to accomplish as a member of the Financial Oversight Committee?

**THIS INFORMATION IS VOLUNTARY**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> African American / Black    |
| <input type="checkbox"/> Asian                             | <input type="checkbox"/> White                       |
| <input type="checkbox"/> Pacific Islander                  | <input type="checkbox"/> Hispanic / Latino           |
| <input type="checkbox"/> Filipino                          | <input type="checkbox"/> Multi-racial / Multi-ethnic |

**Return completed application and resume to [FOC@smmusd.org](mailto:FOC@smmusd.org):**

Superintendent's Office  
Santa Monica-Malibu Unified School District  
1651 16<sup>th</sup> Street  
Santa Monica, CA 90404-3891

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Thank you for applying!**