



STEERING COMMITTEE APPLICATION

NAME:

SCHOOL DISTRICT:

SCHOOL DISTRICT ADDRESS:

SCHOOL DISTRICT ENROLLMENT:

SCHOOL DISTRICT REGION:

TELEPHONE:

FAX:

EMAIL ADDRESS:

SCHOOL DISTRICT POSITION:

STEERING COMMITTEE POSITION DESIRED:

STUDENT SUB-COMMITTEE	FINANCE SUB-COMMITTEE	HR SUB-COMMITTEE
TECHNOLOGY SUB-COMMITTEE	HEALTH SUB-COMMITTEE	OTHER:

Applicants should have a working knowledge of the software package in the area in which they are applying.

1. Please explain what your job is within your district:
2. How many years have you been involved with Skyward software?
3. With which software module(s) and/or hardware are you familiar, and what is your area of expertise in relation to Skyward?
4. Why would you like to be on the TSUG Steering Committee?
5. Committee members are employees of a Texas Skyward School District, who volunteer their time and labor. Being a part of the Steering Committee is a **three-year** commitment of time and expense. As a TSUG member, you will be assisting in the review process of product ideas and/or program enhancements submitted for the State of Texas.

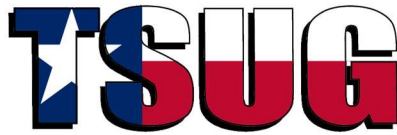
Each TSUG member also plays a vital role in the planning and execution of TSUG’s Annual Conference. The TSUG Steering Committee meets **four** times per year. Two meetings are held in the Great Austin area, and two in the Greater Dallas area. Attendance is critical to the success of TSUG.

If you are interested in serving, and you have the assurance of your supervisor that they are aware of the value of your contribution to the Steering Committee and will grant you release time, please save and return this application via email to webmaster@tsug.org.

Please print the application after completing the above portion and proceed to **sign** and **date** below. Once both pages are signed, please scan the signed copy and submit via email. Thank you for your interest in joining our team!

Applicant Signature

Date of Signature



SUPERVISOR LETTER OF ENDORSEMENT

DATE:

Name of Nominee:

I am recommending this nominee because I feel he/she will be a benefit to the Texas Skyward User Group (TSUG) Steering Committee.

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TECHNOLOGY SUB-COMMITTEE	HEALTH SUB-COMMITTEE	OTHER:

I know and understand that if he/she becomes a member of TSUG, he/she will be required to attend **four** meetings annually as well as the Annual Conference for a term of three years. I recognize the value of the Steering Committee's contributions toward our district as well as all other Texas Skyward Users.

SIGNED: _____

TITLE: _____

SCHOOL DISTRICT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____