# Application for Appointment to Illinois School for the Deaf Advisory Council

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

**Qualified for/Applying for the Following ISD Advisory Council Position:**

- Parent or Guardian of a current ISD student
- Deaf person, including ISD alumni
- Professional in a field related to deafness, including former ISD employees

**Please describe how you have been active in the Illinois School for the Deaf, in advocacy groups, or in the overall advancement of deaf education:**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**What unique characteristics, qualifications, and experiences would you bring to the Council?**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**Why would you like to serve on this Council?**

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

**My signature certifies that the above information is accurate and true.**

____________________________________  ___________________________________
Signature                                      Date

**Please return this form to:**
Illinois School for the Deaf Advisory Council  
Attn: Sheri Cook, Membership Chair  
125 Webster Avenue, Jacksonville, IL 62650  
OR via Email to: Julee.Nist@illinois.gov