

**ST. HELENS SCHOOL DISTRICT
BUDGET COMMITTEE APPLICATION**

Please complete and return by mail or in person to the St. Helens District Administration Office, 474 North 16th Street, St. Helens, OR 97051.

(Last) _____ (First) _____ (Middle) _____

Business Address _____

Business Phone _____

Home Address _____

Home Phone _____

Occupation _____

Email Address _____

Number of years residing in the St. Helens School District _____

Do you have children attending St. Helens Schools? _____

If yes, which schools? _____

Have you worked on any school committees? _____

If so, which committees? _____

Other community or business activities _____

What qualifications do you have that will help you to be a member of the Budget Committee? _____

Signature _____

Date _____