

APPLICATION FORM - MANHASSET UNION FREE SCHOOL DISTRICT
AUDIT COMMITTEE
(Please Type or Print)

Your Name: _____

Home Address: _____

Elementary school attendance area you reside in: Shelter Rock: _____ Munsey Park: _____

Email Address: _____ MHS Alum / If Yes, Year: _____

Phone: Mobile: _____ Home: _____ Work: _____

Profession / Experience: _____

Briefly state why you would like to serve and what you hope to accomplish. Additional information may be attached: _____

Briefly state skills or attributes you possess that you believe would be an asset: _____

School(s) / Grade(s) attended by your children (if any):

I have read the Audit Committee Bylaws and acknowledge, if selected, that by accepting an appointment to the Audit Committee that I will pursue the committee's mission and abide by its bylaws and District policies governing Audit Committee members.

Signed: _____ Date: _____

Please return by email to: districtclerk@manhassetsschools.org 516-267-7724

Or by mail to: District Clerk, Manhasset Public Schools
200 Memorial Place, Manhasset, NY 11030