



## Education

Name of Institution	Location	Dates

## References (Optional)

Name	Address	Occupation	Phone #

Occasionally, an application form makes it difficult for an individual to adequately summarize their background. To assist the Board of Education, use the space below to summarize any additional information necessary to describe your full qualifications. Attach additional pages if necessary.

## Certificate of Application

I hereby certify that I have been a resident of the Southwestern Oregon Community College District for at least one year immediately preceding the appointment and that the above information is true and correct. I also authorize the Board of Education or the designee of the Board to verify any information contained in this application. If selected, I agree to support the Constitution of the United States, the Constitution of the State of Oregon and the laws thereof, and the policies of the Southwestern Oregon Community College District. During my term, I will faithfully and impartially perform the duties of the Office of College Budget Committee member to the best of my abilities.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Instructions:** Return this application to the President's Office at Southwestern Oregon Community College, 1988 Newmark, Coos Bay, Oregon 97420; via email to [dnicholls@socc.edu](mailto:dnicholls@socc.edu); or fax to 541-888-3258.

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