



Alaska Native Cultural Charter School
 550 Bragaw Street, Anchorage AK 99508
 Phone 907-742-1370 Fax 907-742-1373

ANCCS Academic Policy Committee Application

This is an opportunity for you to participate in ANCCS. It is an honor and privilege to serve on the APC to uphold the charter and ensure the longevity and success of ANCCS.

Contact Information

Name _____

Street Address _____

City ST ZIP Code _____

Phone _____

E-Mail Address _____

Position Applying For

Parent/Guardian/Grandparents of current ANCCS students, please list the students name and your relationship to them. ANCCS Staff who are also a parent/guardian/grandparent may only apply for the staff position.

_____ Parent (2 seats open; term 2019-2022 and 2018-2021) Student name/Relationship	_____ ANCCS Community Member (Term 2019-2021)
_____ ANCCS Staff (Term 2019-2020)	_____ ANCCS Staff (Term 2019-2020)

Experience

Describe the experience, knowledge, and/or skills you bring to the APC.

Interest

Describe why you would like to be on the APC.

If you are not elected, would you be interested in serving on a Sub-Committee? Yes ___ No ___

APPLICATION DUE on March 19, 2019 by 4:00 pm

Thank you for taking the time to complete this application form and for your interest in volunteering with us. We will notify you that we've received your application.

The APC Elections Committee