

**The Glen Montessori School
Board of Directors**

Nomination Form

Date of Office: _____ **Term of Office:** 3 Years

Meetings: One (1) per month (currently it is the 3rd Thursday of every month)

Time Required: Approximately 6-8 hours/month (President's position will require more time)

Nominee's Name: _____ **Nominee's Phone :** _____

Nominee's occupation: _____ **Area of interest:** _____
(i.e. Fundraising, Finance, Marketing, etc.)

Nominee's applicable background information (schooling, business experience, volunteer work)

Describe nominee's Montessori background and/or experience:

What contribution do you feel the nominee could make to the Board?
