



F@B BOARD OF DIRECTORS NOMINATION APPLICATION

Candidate Full Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Are you 18 years of age or older? ☐ Yes ☐ No

Connection to Bancroft Middle School (e.g., Parent, Guardian, Alumnus, Community Partner):

Candidate Statement of Mission Alignment (Briefly share your goals for supporting student growth):

Code of Conduct Acknowledgment:

I hereby affirm that I will uphold a high standard of collaborative leadership, act with respect toward stakeholders, and remain dedicated to the charitable mission of F@B.

Candidate Signature: _____ Date: _____