



TENNESSEE SKYWARD USER GROUP STEERING COMMITTEE APPLICATION

NAME: _____

SCHOOL DISTRICT NAME: _____

SCHOOL DISTRICT ADDRESS: _____

SCHOOL DISTRICT ENROLLMENT: _____

TELEPHONE: _____ FAX: _____

EMAIL ADDRESS: _____

SCHOOL DISTRICT POSITION: _____

STEERING COMMITTEE AREA OF EXPERTISE (CIRCLE ONE): Student/Finance

Applicants should have a working knowledge of the software package in the area in which they are applying.

Explain what your job is within your district: _____

How many years have you been involved with Skyward? _____

Which software module(s) and/or Hardware are you familiar and what is your area of expertise in relation to Skyward? _____

Why would you like to be on the Steering Committee? _____

What skills do you feel you would bring to the Steering Committee, i.e.: leadership, management, technical, Microsoft Office/Google/Apple, proficient in web design, etc.?

Serving on the Steering Committee requires a significant time commitment. Steering Committee members participate in monthly web-ex meetings for conference planning and recommendation of enhancement requests, as well as attending the annual user conference. Committee members also typically arrive at the conference site the day before the conference to assist with set up, etc. Failure to participate in these activities may result in your removal from the Steering Committee. Your signature below indicates that you are aware of and agree to this commitment.

Applicant's Signature: _____

Date: _____

In addition, please obtain the approval of your supervisor as indicated below.

I know and understand that if the person listed above becomes a member of the TNSUG Steering Committee, he/she will be required to participate in monthly web-ex meetings for conference planning and recommendations of enhancement requests, attend the annual user conference, and arrive at the user conference the day before the conference begins for set up. I recognize the value of the Steering Committee's contributions toward our district as well as all Tennessee Users

Supervisor's Signature _____

Supervisor's Title _____

Date _____

Please email or fax your completed application to:

TNSUG Steering Committee

c/o Susan Dean, President

deans@wcschools.com