



## Public School Academy Board Application

### PSA Applicant and Board Director Questionnaire

The Charter School Office at Grand Valley State University appreciates your interest to serve as a Public School Academy Board Member.

If you are approved to serve on an Academy Board, your role is to set policy, maintain the school's vision and/or mission, promote educational excellence through advocacy, visionary leadership, and high quality services to Grand Valley State University ("GVSU") authorized public schools as well as to ensure that the school complies with its charter and applicable law.

All Academy board members are expected by GVSU to participate in board training offered by the university. Upon approval by the GVSU Board of Trustees, a board packet will be given to each newly appointed board member.

Academy board members are public officials appointed by the GVSU Board of Trustees. All potential GVSU School Board members are required to complete this application fully; please do not leave any blanks. All supporting documentation must be attached at the time of application.

The GVSU Board of Trustees requires each Public School Academy Board nominee to undergo a personal background check. Applications will **not** be processed, nor will a name be submitted to the GVSU Board of Trustees, without the results from the personal background check. For background check instructions, please see page 6.

You have the option of filling out this application online. Or, you can also print it out and fill it in manually. **However, you may not submit this application online and must mail it to us with an original signature.**

Please print off and mail your completed application to:

Grand Valley State University  
Charter Schools Office  
201 Front Avenue, SW., Suite 310  
Grand Rapids, MI 49504  
Telephone: (616) 331-2240  
Facsimile: (616) 331-2085

You may also call our main office at (616) 331-2240 to receive an application by mail.

Personal Information

Please neatly print or type the following information:

I hereby request appointment to the \_\_\_\_\_ board of directors.  
Academy Name

Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Number County  
\_\_\_\_\_  
City State Zip

Employer: \_\_\_\_\_ Position and Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Number  
\_\_\_\_\_  
City State Zip

Home Number: ( ) \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
First Middle Last

Are you a United States citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a Michigan resident? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have children? If so, what are their ages? \_\_\_\_\_

Your Education History \_\_\_\_\_  
\_\_\_\_\_

Employment Experience (for the past 10 years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you hold any professional licenses? If so, please include name/numbers \_\_\_\_\_  
\_\_\_\_\_

What special skills could you bring to the public school academy board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous government appointments (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Qualifications**

For the following questions, all “yes” answers require detailed responses. Use a separate sheet if necessary.

1. Government Experiences. List on a separate sheet any experience in, or association with, local, state or federal government (exclusive of elective public office but including advisory, consultative, honorary, or other part-time service or position), with dates of service.
2. Elective Public Office. List on a separate sheet all elective public offices sought and held with dates of service.
3. Honors and Awards. List on a separate sheet all scholarships, fellowships, honorary degrees, honorary society memberships, and any other special recognition for outstanding service or achievement.
4. Volunteer Experiences. List on a separate sheet all experience with volunteer organizations and positions held.
5. Miscellaneous. List on a separate sheet any additional points, including special skills that qualify you for this position.

**Conflicts of Interest**

Instructions: If you answer “yes” to any of the following questions, please provide an explanation on a separate sheet of paper. Please label explanations with the number of the corresponding question.

1. Do you know if any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If yes, please identify and explain the basis for the potential. \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you or your spouse have any contractual agreements with the Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Do you or your spouse have any ownership interest in any management company contracting with the Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Have you or your spouse guaranteed any loans for the Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Will your or your spouse be leasing or selling any real property to the Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Will you or your spouse be employed at the Academy (either as an employee of the Academy or as an employee of a management company contracted by the Academy)? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Do you or your spouse sell any supplies, materials, equipment or other personal property to the Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Have you or your spouse provided any start-up funds to the Academy? If so, how much? \_\_\_\_\_ \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Do you or your spouse, or other close family members have ownership, interest, whether directly or indirectly, in any corporation, partnership, association, or other legal entity which will enter into a contract with the Academy? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Do you currently serve as a public official? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Is there any other matter in which you are involved which is or may be incompatible or in conflict with the discharge of the duties of the position to which you seek to be appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Ethical Matters</b>
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Instructions: If you answer “yes” to any of the following questions, please provide an explanation on a separate sheet of paper. Please label explanations with the number of the corresponding question.

1. Citations. Have you ever been cited for a breach of ethics for unprofessional conduct by, or been named in, a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Convictions. Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a minor traffic offense? (Minor traffic offenses do not include the Michigan offenses of operating under the influence of liquor, operating while impaired, reckless driving, or the equivalent offenses in other states.) \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Current Charges. Are you now under charges for any violation of law? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. U.S. Military Convictions. Have you ever been convicted by any military court? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Imprisonment. Have you ever been imprisoned, been on probation, or been on parole? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Agency Proceedings: Civil Litigation. Are you presently, or have you ever been a party in interest in any administrative agency proceedings or civil litigation which is related in any way to the position to which you seek to be appointed? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Agency Proceedings and Civil Litigation of Affiliates and Family. Has any business in which you, your spouse, close family members or business associate are or were an officer, director, or partner been a party to any administrative agency proceedings or civil litigation relevant to the position to which you seek to be appointed? (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member or business associate were an officer of that business.) \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Other. Is there any other any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Optional Information

The following questions are designed to elicit information that will be used to assure that there is maximum diversity in the appointments that are made by the University Board. Responses by applicants are purely voluntary and no applicant should feel obliged to provide responses to any of the questions designated as optional.

- Male                       Female  
 Caucasian                       African American                       Mexican American  
 Native American                       Asian American                       Other \_\_\_\_\_

References (required)

Please submit three (3) character references:

Name _____	Relationship to you _____
Telephone (    ) _____	How long have you known this person? _____
Name _____	Relationship to you _____
Telephone (    ) _____	How long have you known this person? _____
Name _____	Relationship to you _____
Telephone (    ) _____	How long have you known this person? _____

Application Verification

I recognize that all information submitted with this application or gathered by Grand Valley State University as a result of this application becomes a matter of public record, subject by law to disclosure upon request to members of the general public. I will hold Grand Valley State University, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonably believes is true based upon my representations or resulting from this application process.

I \_\_\_\_\_ certify that the information provided in this statement is, to the best of my knowledge, true and accurate.

Signature \_\_\_\_\_ Dated \_\_\_\_\_

PLEASE NOTE: Public School Academy Board Applications are subject to public disclosure under the Michigan Freedom of Information Act.

Personal Background Check Consent

A criminal records check must be conducted as a condition for appointment as a public official serving on the board of a public school academy authorized by Grand Valley State University. This consent does not authorize nor will Grand Valley State University conduct a consumer credit check.

Information requested on this page will be used to conduct a criminal records check and will not be used to determine qualifications as a proposed public school academy board member. This page will be removed prior to review of the information contained in the application.

Please print or type the following information:

1. Print or type your full name \_\_\_\_\_  
(First) (Middle) (Last) (Jr., III)

2. Maiden Names/Previously Used Names: \_\_\_\_\_

3. Current address: \_\_\_\_\_  
\_\_\_\_\_

Former address: \_\_\_\_\_  
\_\_\_\_\_

4. Social Security Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_  
Month Day Year

6. Driver's License Number: \_\_\_\_\_

7. Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

8. Race: \_\_\_\_\_ Caucasian \_\_\_\_\_ African American  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian  
\_\_\_\_\_ Native American \_\_\_\_\_ Other (please specify)

By signing this document I acknowledge receipt of this disclosure and authorize Grand Valley State University to obtain a copy of my criminal records report.

I consent to the release of information concerning my criminal record, subject to any restrictions that I have included, to Grand Valley State University, its Charter Schools Office and its legal counsel. I specifically authorize Grand Valley State University to conduct a criminal records check on me with the applicable local, state and federal law enforcement agencies.

I will hold Grand Valley State University, its trustees, officers, employees or authorized agents harmless from liability for the disclosure of any information it reasonable believes is true based upon my representations or resulting from this criminal records check consent process.

By my signature I assert and certify that the information provided is, to the best of my knowledge, true and complete.

\_\_\_\_\_  
Signature Date