



Application for a Position on St. Cloud Math and Science Academy School Board

NAME: LeAnn Doering PHONE #: (763) 229-9612
 ADDRESS: 411 6th Ave S Sartell, MN 56377 CELL PHONE #: "
 EMAIL ADDRESS: dood1281@gmail.com

How do you know about St. Cloud Math and Science Academy? (Check all that apply)

Child in School – Name and Grades _____

Employed by the School – Position and years worked _____

Interested community member

Other WORK for a neighboring district and have students from SCMSA

Why do you want to serve on the Board of Directors for SCMSA?
 1. Education is so important and being part of supporting students/staff is an honor
 2. I have education/experience working with youth and want to expand my knowledge of how to support and help others
 3. I'm looking for a new challenge and want to learn something new

What are your qualifications for being a member of the Board of Directors? (In addition attach a copy of your resume)
 1. Licensed Psychologist with experience working with children/adolescents/families
 2. Work in a neighboring school district so I'm familiar with the needs of schools, educators, students + families
 3. I'm a mother of school-aged children