

RETURN COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:
Director of Education
80 Sheppard Avenue East
Toronto, Ontario
M2N 6E8
416-229-5353

STUDENT TRUSTEE APPLICATION FORM for students in their 2nd year
(Term of Student Trustee: September 1, 2015 – August 31, 2017)

Name: _____
Address: _____
Phone #: _____ **Grade:** _____
School: _____

PLEASE FEEL FREE TO USE ADDITIONAL PAPER TO COMPLETE YOUR RESPONSE

- 1. Please describe any leadership experience you may have both inside and outside of your school community.**

- 2. Why are you interested in becoming the Student Trustee for the Toronto Catholic District School Board?**

- 3. What are your goals as Student Trustee?**

- 4. What does student empowerment mean to you?**

- 5. How will you ensure that the students from the Toronto Catholic District School Board are effectively represented?**

6. Given that we are a Catholic Board, how will your position as Student Trustee be different from the position in the public system?

7. How do you see yourself being a responsible and dedicated member of the board, considering the large commitment it will involve, while maintain a high level of academic achievement in your school studies?

PRINCIPAL'S ENDORSEMENT: _____

Please include 1 letter of reference from a teacher at your school and 1 from an administrator other than this endorsement.