

Richmond County Board of Education
Oversight Committee for Pay-As-You-Go Projects

APPLICATON

1. _____
(Please Print) Name Address Phone
2. Are you a resident of Richmond County? Yes____ No____
3. What is your occupation? _____
4. Are you over 18 years of age? Yes____ No____
5. Will you commit to four committee meetings per year for the duration of the 2012 SPLOST (2012-2016)? Yes____ No____
6. Do you agree with the concept and goals and functions of the committee? Yes____ No____
7. What special expertise, experience or viewpoints would you bring to the committee?

8. Why do you wish to serve on this committee?

****Note: Citizens who will be providing services, supplies, equipment, or materials to the bond construction program or to pay as you go projects will not be eligible to serve on the committee.****

Application must be received on _____ by 5 PM. They will be reviewed by the Superintendent. Recommendations will be made at the Regular School Board Meeting. Applications for membership should be sent to Dr. Angela D. Pringle, Superintendent, Richmond County Board of Education, 864 Broad Street, Augusta, Georgia, 30901.

Signature of Applicant

Date