



Linden Public Schools

Respect For Diversity – Excellence In Education – Commitment To Service

LPS is Seeking Applicants for the:

2021 – 2022

## Superintendent's Student Advisory Council (SSAC)

The LPS Superintendent's Student Advisory Council (SSAC) meets with the Superintendent six times per year to advise, provide feedback, and present viable solutions on District initiatives and programs. The council is open to Linden High School students.

### ELIGIBILITY REQUIREMENTS

- ◆ 9<sup>th</sup>-12<sup>th</sup> grade school students who attend Linden High School
- ◆ 2.5 or better GPA
- ◆ No failing grades or unsatisfactory marks on the preceding end of year report card
- ◆ Must be endorsed by the school principal
- ◆ Must be able to serve a one year term
- ◆ Experience in a school leadership position is desired but not required

### DUTIES

- ◆ Attend all SSAC meetings – Approximately six times per year
- ◆ Act as liaison between Superintendent and LPS students
- ◆ Share information learned with constituents at their local school sites
- ◆ Maintain a broad understanding of District and school related issues
- ◆ Engage in meaningful dialogue regarding students' views of the performance and operations of LPS

**Application deadline: September 30, 2021**

### MEETING PLACE AND TIME

**Time :** 3:00 p.m. – 4:00 p.m.

**Location:** To be determined

**Dates:** To be determined

**All current 2020-2021 SSAC members, are not required to submit an essay**

For more information, please contact Dr. Marnie Hazelton, Superintendent at 908-486-2800 Ext. 8008 or email [mhazelton@lindenps.org](mailto:mhazelton@lindenps.org)

Dr. Marnie Hazelton, Superintendent of Schools  
Carlos A. Rivas, Board President



Linden Board of Education  
2 E. Gibbons Street, Linden, NJ 07036  
(908) 486-2800 Ext. 8008

LINDEN HIGH SCHOOL

**APPLICATION FOR THE 2021 – 2022 SUPERINTENDENT’S STUDENT ADVISORY COUNCIL**

**INSTRUCTIONS:** Please submit the application no later than **5:00 p.m. on September 30, 2021.**

Additional pages may be duplicated.

|  |   |   |                                       |
|--|---|---|---------------------------------------|
| Name (Last, First, Middle Initial)   |   | BIRTHDATE (mm/dd/yyyy)  | HOME PHONE NUMBER (Include Area Code) |
| HOME ADDRESS (Street, City, State, Zip Code)   |   |   |                                       |
| E-MAIL ADDRESS   | PARENT(S) NAME                            |   | PARENT(S) CONTACT NUMBER              |
| NAME OF SCHOOL   |   | NAME OF PRINCIPAL   |                                       |
| SCHOOL ADDRESS (Street, City, State, Zip Code)   |   |   |                                       |
| SCHOOL PHONE NUMBER (Include Area Code)  |   | TOTAL NUMBER OF STUDENTS AT YOUR SCHOOL (All Grades)  |                                       |
| APPLICANT’S GRADE LEVEL FOR 2021 – 2022 SCHOOL YEAR:<br><input type="checkbox"/> 9 <sup>TH</sup> <input type="checkbox"/> 10 <sup>TH</sup> <input type="checkbox"/> 11 <sup>TH</sup> <input type="checkbox"/> 12 <sup>TH</sup> |   | GENDER:<br><input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer Not Say <input type="checkbox"/> Other |                                       |
| ETHNIC/RACIAL GROUP (Response Is Optional)   |   |   |                                       |
| <input type="checkbox"/> American Indian or Alaskan Native   | <input type="checkbox"/> Filipino         | <input type="checkbox"/> White, Not Hispanic  |                                       |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Other _____  |                                       |
| <input type="checkbox"/> Black, Not Hispanic   | <input type="checkbox"/> Pacific Islander |   |                                       |

Please write one essay that includes all of the following topics. Do not exceed three single spaced pages.

1. Tell us about yourself – list your academic achievements, honors, extra-curricular activities, and work experience (If applicable). Explain how your involvement in these activities has enhanced your leadership ability.
2. Identify and discuss what you consider the most challenging issue that is affecting students in the public education system in New Jersey. Why do you consider this a challenge for students? What can students do to make a difference?
3. Why do you want to serve as a member of the Superintendent’s Student Advisory Council? What contribution will you make in this role?

**SIGNATURES**

I certify that the essay written and submitted with this application represents my work.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

If selected, I understand that my support will be essential in ensuring that my son/daughter is a successful Student Advisory Council Member. I also understand that I will need to secure transportation for my child to and from each SSAC meeting and/or event.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

I support this candidate’s application and understand that my support will be essential in ensuring this candidate is a successful Student Advisory Council member. I will make sure that school staff members are provided with information about the SSAC and that the student will be provided with the opportunity to make up missed assignments. I will also assist the student with transportation to and from meetings/events as needed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or designee

\_\_\_\_\_  
Typed/Printed Name of Principal or designee

**ALL CURRENT 2020-2021 SSAC MEMBERS, ARE NOT REQUIRED TO SUBMIT AN ESSAY**