

DERRY COOPERATIVE SCHOOL DISTRICT
18 SOUTH MAIN STREET
DERRY, NEW HAMPSHIRE 03038

**APPLICATION FOR FISCAL ADVISORY COMMITTEE
MEMBERSHIP**

THREE-YEAR TERM

Applicant's Name: _____

Home Address: _____

Home Telephone: _____ Day Time Telephone: _____ E-Mail _____

School/community activities in which you have been involved and dates:

Brief description of reasons for wanting to serve on the Fiscal Advisory Committee:

List contributions you believe you can make to the Fiscal Advisory Committee:

Signature

Date

If you believe there is other information that would be of interest to the Board in evaluating this application, please use the back of this sheet or a separate attachment.