

IOWA STATEWIDE YOUTH BROADBAND ADVISORY COUNCIL MEMBERSHIP APPLICATION

Name of student: _____

Address of student: _____
Street City Zip

Student Email: _____ Student Phone: _____

School district of enrollment: _____

Name of High School: _____

Present grade level (check): 10th 11th 12th

Verified by: _____ on _____
(date)

SYBAC meetings will take place monthly, beginning in September 2016 through May 2017, via video conference, teleconference, and/or in-person. ICN plans to invite all SYBAC students to the Capitol Complex in Des Moines for one in-person meeting during the 2017 Legislative Session.

Submit the following:

1. Typed or printed form describing your community and extracurricular activities.
2. District approval form completed and signed by superintendent or secondary principal.
3. Consent form completed and signed by parent or guardian.
4. Recommendation forms completed and signed by a high school teacher from whom you have received instruction, and an adult familiar with your community activities. **Two recommendations are required.**
5. School or technology sponsor form and contact information.
6. Typed or printed essay (maximum of one page) addressing the following areas:
 - a. Describe your interest in serving on the Statewide Youth Broadband Advisory Council.
 - b. Explain why broadband or high-speed Internet is important to you, your family, and your community.
 - c. What technology perspectives will you bring to this council?

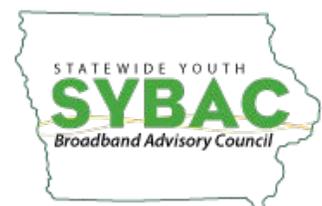
In submitting this application, I certify that the information I have provided is true, and, if selected, I pledge that I will support the Statewide Youth Broadband Advisory Council by my presence and participation to the best of my abilities.

Date

Signature of Student Applicant

Scan, postmark, or hand-deliver application and all attachments **on or before May 9**, to:

Lori Larsen
Iowa Communications Network
Grimes State Office Building
400 E. 14th Street
Des Moines, IA 50319-0146



Name: _____



APPLICANT'S EXTRACURRICULAR and COMMUNITY ACTIVITIES

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES:

Describe Activity	Grade Level(s)	Honors Achieved Through Activity	Position(s) Held (if pertinent)	Other Desired Pertinent Information



Name: _____

COMMUNITY (NON-SCHOOL) ACTIVITIES WHILE IN HIGH SCHOOL:

Describe Activity	Mo/Yr- Mo/Yr*	Sponsor of Activity	Position(s) Held (if applicable)	Other Desired Pertinent Information

*If this was a one-time activity that did not take place over a period of weeks or months, please indicate the activity Month/Year in Mo/Yr-Mo/Yr box.

APPROVAL BY SCHOOL DISTRICT OF STUDENT'S APPLICATION FOR IOWA'S STATEWIDE YOUTH BROADBAND ADVISORY COUNCIL

The undersigned (must be superintendent or secondary principal) hereby states that student, _____, is hereby approved to submit his or her application for consideration as a member of the Statewide Youth Broadband Advisory Council for the term beginning September 2016, and ending May 2017.

The undersigned further verifies that the applicant is enrolled as a full-time student in grade (check) 10 11 12 at _____ High School, and that the undersigned has reviewed the information on the student's application.

On behalf of the above-named district, the undersigned confirms that, if selected to the Statewide Youth Broadband Advisory Council, the student's absences from school for participation in activities shall not be marked as unexcused absences. The district shall notify the student's parent or guardian if the student's cumulative grade point average falls during the membership on the council.

Date

Signature

School Telephone Number

Title

Name of School District



APPROVAL BY SCHOOL DISTRICT OF STUDENT'S APPLICATION FOR IOWA'S STATEWIDE YOUTH BROADBAND ADVISORY COUNCIL

All applicants must have a school or technology sponsor to participate in the Statewide Youth Broadband Advisory Council. The participation of a sponsor is to be active with the students' involvement in the council and be supportive in the state-wide leadership initiative. Please have your sponsor sign below:

I approve of the participation of _____ in the Statewide Youth Broadband Advisory Council.

Technology Sponsor

(Technology Sponsor's Name)

Date

Signature

School Telephone Number

Title

Name of School District

Email Address



**CONSENT BY PARENT OR GUARDIAN FOR APPLICATION
BY MINOR STUDENT FOR
IOWA'S STATEWIDE YOUTH BROADBAND ADVISORY
COUNCIL MEMBERSHIP**

The undersigned parent/guardian of _____, states as follows:

My child has my consent to file the foregoing application and to serve, if selected, to the Statewide Youth Broadband Advisory Council for a term beginning September 2016, and ending May 2017. I make this consent based on my assessment of my child's interest in serving on the council and his or her ability to participate in activities without harmful effect to his or her academic achievement.

I may withdraw this consent, in writing, at any time that I determine that membership on the Statewide Youth Broadband Advisory Council is contrary to my child's best interest.

NOTE TO PARENTS: The Statewide Youth Broadband Advisory Council (SYBAC) meetings will take place monthly, beginning in September 2016 through May 2017, via video conference, teleconference, and/or in-person. ICN plans to invite all SYBAC students to the Capitol Complex in Des Moines for one in-person meeting during the 2017 Legislative Session.

Date

Signature of Parent/Guardian

Typed or Printed Name of Parent/Guardian

Telephone number of parent/guardian: _____



Recommendation 1: High School Teacher that Instructed Applicant

RECOMMENDATION ON BEHALF OF _____

(Student's Name)

Instructions for person making recommendation:

1. For ratings of listed qualities, please select the appropriate number.
2. Please type or print your response for items II and III.

I. Please rate the student in the following areas (1 is lowest; 5 is highest rating):

1

2

3

4

5

Work/Study Ethic

Attitude

Dependability

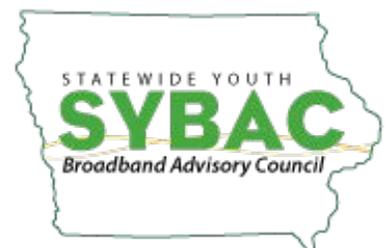
Interpersonal Skills

Verbal Skills

Level of Maturity

Interest in Technology

II. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the Statewide Youth Broadband Advisory Council, and why?



III. What reservations, if any, do you have about the student's ability to successfully serve as the student member on the Statewide Youth Broadband Advisory Council, and why?

Person Making Recommendation: _____
(Please type or print name)

How do you know the above-named student?

How long have you known the student? _____

I, the undersigned, understand that the above-named student is submitting an application to be selected to the State of Iowa's Statewide Youth Broadband Advisory Council.

Date

Signature, Person Making Recommendation



Recommendation 2: Adult Familiar with Applicant's Community Activities

RECOMMENDATION ON BEHALF OF _____

(Student's Name)

Instructions for person making recommendation:

1. For ratings of listed qualities, please select the appropriate number.
2. Please type or print your response for items II and III.

I. Please rate the student in the following areas (1 is lowest; 5 is highest rating):

1

2

3

4

5

Work/Study Ethic

Attitude

Dependability

Interpersonal Skills

Verbal Skills

Level of Maturity

Interest in Technology

II. What strengths (no more than two) does the student possess that would especially aid him/her to fulfill the student role on the Statewide Youth Broadband Advisory Council, and why?



III. What reservations, if any, do you have about the student's ability to successfully serve as the student member on the Statewide Youth Broadband Advisory Council, and why?

Person Making Recommendation: _____
(Please type or print name)

How do you know the above-named student?

How long have you known the student? _____

I, the undersigned, understand that the above-named student is submitting an application to be selected to the State of Iowa's Statewide Youth Broadband Advisory Council.

Date

Signature, Person Making Recommendation

