



## Executive Director's Equity Council Application

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

The student group you would represent on the Council:

- Economically Disadvantaged
- Native American
- English Learners
- Students with Disabilities

Why you are interested in participating in the Equity Council:

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I will commit:

- 3-year term
- 4-year term

*Please return application form to Cynthia Ramirez by Friday, December 13<sup>th</sup> to [ramirez@techabq.org](mailto:ramirez@techabq.org)*