



**USDB**  
Utah Schools for  
the Deaf & the Blind

**Advisory Council for Utah Schools for the Deaf and the Blind**  
**COUNCIL MEMBER NOMINATION FORM**  
***PLEASE FILL OUT FORM COMPLETELY***

**RETURN COMPLETED APPLICATION & DOCUMENTATION (Open until filled)**

**Individual completing the nomination:**

1. \_\_\_\_ Self
2. \_\_\_\_ Other Individual
  - a. Name of Person Making this Nomination:
  - b. Home Phone:
  - c. Work Phone:

**NOTE:** Prior to submitting this nomination the above named individual must be contacted regarding serving on the Advisory Council. Do not make this nomination until this person has been contacted and agreed to have his/her name submitted for membership on the Advisory Council. For more information please contact Tamara Flint (801) 629-4712 or [tamaraf@usdb.org](mailto:tamaraf@usdb.org).

***NOMINATION FORMS MUST INCLUDE:***

1. *Letter that explains your interest in and knowledge of the needs and education of those who are blind/visually impaired, deaf or hard of hearing, or deafblind. Please limit to two pages.*
2. *Biography or Resume (including background information relating to individual interest in and knowledge of the needs/education of those who are deaf or hard of hearing, blind or visually impaired, or deafblind). Please limit to one page.*
3. *Three letters of support.*



**USDB**  
Utah Schools for  
the Deaf & the Blind

**The nominee is applying for a position on the Advisory Council representing the following category:**

\_\_\_\_ Individual who is Deafblind or Parent of Deafblind child

\_\_\_\_ Parent of a blind/visually impaired child receiving outreach services

\_\_\_\_ Parent of a deaf/hard of hearing child receiving outreach services

**Nominee Name:**

**Home Address:**

**City:**

**Zip:**

**Home Phone:**

**Work Phone:**

**E-Mail Address:**

**Place of Employment:**

**Address:**

**City:**

**Zip:**

**Employment Title:**



# USDB

Utah Schools for  
the Deaf & the Blind

**Please list two references (include contact information) of individuals who are familiar with the nominee's interest in and knowledge of the needs and education of those who are deaf or hard of hearing, blind or visually impaired, or deafblind (may be the same individuals as those providing letters of support).**

**1. Name:**

**Home Phone:**

**Work Phone:**

**2. Name:**

**Home Phone:**

**Work Phone:**

**Mail or e-mail this completed form and the required attachments to:**

**Kelsey Sprout James  
Utah State Board of Education  
250 East 500 South  
Salt Lake City, Utah 84111  
[kelsey.james@schools.utah.gov](mailto:kelsey.james@schools.utah.gov)**