



Scipio A. Jones High School National Alumni
And Former Students Association, Inc.
Application for Board of Directors Office

Name _____

Paid Member Yes _____ No _____

Address _____ City _____ ST _____ Zip Code _____

Email _____ Cell# _____

Education: High School Year of graduation _____ or Years(s) of Attendance _____

College _____

Graduate Degree(s)-----

Post Graduate _____

Work Experience: _____

Elected Positions: Executive Secretary _____ Second Vice President _____

Appointed Positions: Database Administrator _____ Website Coordinator _____ Facebook Administrator _____

SAJAAS Coordinator _____ Dragonette Editor _____ Grant Writer _____ Nominating Committee Chairperson _____

Zoom Manager _____ Benevolence _____ Fundraiser Chairperson _____ President's Advisory Council Chairperson _____

Qualifications _____

Leadership Skills _____

Briefly state why you want to hold this position _____

I am officially submitting my name as a candidate and will complete the interview process. *(This form must be signed by the candidate.)*

Signature _____ Date _____

Deadline for submission is July 6, 2026

Send to: Scipio A. Jones National Alumni Association, P.O. Box 5445 North Little Rock, AR 72119 or email to prasul1925@gmail.com