



The Scott Coopersmith Stroke Awareness Foundation

Date _____ (applications are valid one year from date listed)

Name _____
First MI Last Preferred first name

Contact Information:

Address _____
Phone _____ E-mail _____

Educational Background and Work Experience:

Please submit a current CV/Resume with current and previous education history, work experience, publications/presentations, awards/honors, and reference information.

Do you have supervisor/institutional support to serve on the Foundation Board?

() Yes () No () Will seek if selected as a final candidate, but anticipate support

If no, please explain.

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social). You may skip if you have provided information in CV; please check box below.

() Please refer to CV

Organization	Role/Title	Dates of Service
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Why are you interested in serving on the Foundation Board?

What contributions do you believe you would make as a board member for the Foundation?

Please describe any stroke-related knowledge, interests, and expertise that you possess which could benefit the Foundation.

Skills, experience, and interests (Please check all that apply)

- | | |
|--------------------------|--|
| Finance, accounting | Management/organization/administration |
| Membership recruitment | Conference site planning |
| Membership development | Conference program planning |
| Education, instruction | Social Media Outreach |
| Fundraising | Other _____ |
| Sponsorship solicitation | Other _____ |
| Web site development | Other _____ |

Please list any groups, organizations or businesses that you could serve as a liaison to/advocate for on behalf of the Foundation.

Please tell us anything else you'd like to share (feel free to include a cover letter with application).

Thank you very much for applying

