2025-2027 Governing Board Nomination Form

DEADLINE FOR RECEIPT OF NOMINATIONS:
Friday, October 3, 2025

Submit via email to: joskitchens@scca.connectionsacademy.org

OR via mail to: SCCA Office, 201 Executive Center Drive, Suite 250, Columbia, SC 29210

TELL US ABOUT YOURSELF	
Name:	
Home Phone:	
Work Phone:	
Fax:	
Email:	
Address:	
City/State/Zip:	
I am (please check all that apply and fill in as requested):	
☐	A parent of an SCCA child
☐	An educator at (school/institution): _____ or retired educator (years of experience): ____
☐	A businessperson (position/company):
☐	A community representative of (specify group if applicable):
☐	Other:

____ Check here if you are nominating yourself and skip to page 3.

If you are nominating <u>someone other than yourself</u>, please complete the following:

TELL US ABOUT THE NOMINEE (Skip this section if you are nominating yourself)	
Name:	
Home Phone:	
Work Phone:	
Fax:	
Email:	
Address:	
City/State/Zip:	
The nominee is (please check all that apply and fill in as requested):	
☐	A parent of an SCCA child
☐	An educator at (school/institution): _____ or retired educator (years of experience): ____
☐	A businessperson (position/company):
☐	A community representative of (specify group if applicable):
☐	Other:

1. **Does the nominee have skills in any of the following areas?**

☐ **Financial/Accounting**
☐ **Legal**
☐ **Education**
☐ **Advocacy**
☐ **Marketing/Public Relations**
☐ **Other:**

2. **Please list at least three (3) references for the nominee.**

Name	**Relationship to Nominee**	**Phone Number**

If you are nominating yourself, please answer the following questions:

1. **Why are you interested in serving on the SCCA Governing Board?**

2. **What particular strengths would you bring to the SCCA Governing Board?**

3. **Do you have skills in any of the following areas?**

- ☐ **Financial/Accounting**
- ☐ **Legal**
- ☐ **Education**
- ☐ **Advocacy**
- ☐ **Marketing/Public Relations**
- ☐ **Other:**

4. **Please list at least three (3) references.**

Name	Relationship to Nominee	Phone Number

Signature and Affirmation

I, the undersigned, do affirm that to the best of my knowledge:

☐ I , or the nominee, is a resident of South Carolina and is 18 years of age or older.

☐ I , or the nominee, is willing to undergo a criminal background check.

☐ I , or the nominee, has never been convicted of a felony.

☐ The information provided in this form is accurate and true.

_____ _____

Signature **Date**

The Recruitment Committee of the SCCA Governing Board will contact qualified nominees to confirm their interest and to request a brief candidate's statement and photo. The candidate's statement and photo will be posted in the SCCA Learning Management System to facilitate online voting by SCCA parents and staff members October 16 – October 24, 2025.