



## **COMPTON COMMUNITY COLLEGE DISTRICT**

### **AB 318 ADVISORY COMMITTEE APPLICATION FORM**

The AB 318 Advisory Committee is the result of legislation (Assembly Bill 318 (2006) Chapter 50 of 2006). AB 318 provides for a bond-financed loan to restore fiscal solvency to the Compton Community College District ('District') and makes provisions for the continuation of services in the event the District loses accreditation.

#### **AB 318 ADVISORY COMMITTEE NOMINATION FORM**

The Advisory Committee provides advice to the Special Trustee of the Compton Community College District. Membership on the committee will provide an opportunity to network with others across the Compton community, learn about issues affecting Compton Community College District, become familiar with a range of resources available to assist the District in addressing local and regional issues, and direct those resources to where they will do the most good for the District in sustaining fiscal and educational solvency.

#### **QUALIFICATIONS FOR AB318 ADVISORY COMMITTEE MEMBERSHIP**

- This advisory committee may include residents of the communities served by the Compton Community College District
- Any outside experts deemed appropriate by the Special Trustee

**No member of the advisory committee shall receive any compensation or benefits for his or her services as a member of the advisory committee.**

**Compton Community College District  
Application for  
Appointment to the  
AB 318 Advisory Committee**

**INSTRUCTIONS**

Provide all information requested; use black ink; any attachment must be single-sided on 8.5" x 11" paper. If you will be representing an organization, you must include a letter from the organization recommending you as their representative.

**IMPORTANT:** Any letter(s) of recommendation must be made part of this application and submitted together. For further information, please call (310) 900-1600, Ext. 2400. Please answer all questions and return completed applications to:

Thomas E. Henry, Special Trustee  
Compton Community College District  
1111 E. Artesia Boulevard  
Compton, California 90021-5393

**Applicant Information:**

**Applicant's Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Telephone Number:** \_\_\_\_\_

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

**Mailing Address (if different from home address):** \_\_\_\_\_

**Employer's Information**

**Name of Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Street City State Zip

**Employer's Telephone Number:** \_\_\_\_\_

**Employer's Email Address:** \_\_\_\_\_

\_\_\_\_\_

APPLICANT NAME

**BACKGROUND INFORMATION'**

You may also attach a resume' reflecting experience, community activities or other qualifications not listed below that would be helpful to the committee in evaluating your application.

**Have you served on an advisory committee before?**       Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please state the reason you would like to be a member of this advisory committee.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you, or an immediate family member, have any relationship (professional, financial, other) that may represent a potential conflict of interest for this advisory committee?**

Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What do you feel are the issues most greatly affecting college students in your area?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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APPLICANT NAME

**BACKGROUND INFORMATION** (continued)

**Are there particular perspectives that you would contribute as a member of the AB 318 Advisory Committee?**

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**Indicate experiences or factors** (*up to three*) **that you believe have prepared you for service on the advisory committee:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>Education Institution</b> ( <i>please limit to three</i> )	<b>Degree</b> ( <i>if applicable</i> )	<b>Field of Study</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____