



**HOCKINSON
PUBLIC SCHOOLS
FOUNDATION**

Hockinson Public Schools Foundation Selection Committee Application

Date: _____ Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

1. Are you a parent of student(s) enrolled in the Hockinson School District Yes No

If yes, please indicate grade level(s):

Pre K	K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12 th

2. Why would you like to be a member of the HPSF?

Please submit completed application to info@hpsf.org for consideration