

Board of Governor's Nomination Form

Nominee's Name:				
Address:	:City/ZIP:			
Day Phone:	Cell Phone:	Ema	il:	
Employer:	loyer:P			
Address:		City/ZIP:		
Type of Business:				
This candidate meets the fo	ollowing criteria:			
Access to Major Done	orsCurre	ent Donor	Escambia/SR Resident	
Politically Engaged	Majo	or Donor	Active Supporter of PSC	
Access to Business Le	eadersEmp	loys PSC Students	Workforce Development	
Community Advocate	eNonp	profit Advocate	Community Leader	
Spouse/Partner's Name/Od	ecupation (if applical	ole):		
Related Program Experience	ce:			
Has Skills and Competence	ies in the Following	Areas:		
Legal		Fundraisi	Fundraising	
Marketing/Public Relations		Administ	Administration/Business	
Policymaking/Lobbying		Managen	Management	
Financial Oversight		Media	Media	
Human Resources		Strategic	Strategic Planning/Leadership	
Other				

Other Nonprofit (or Board) Experience:			
Other Affiliations:			
Political/Business Connections:			
Known Level of Giving:			
This person would be an asset to the Board because:			
Additional Comments:			
Is the Nominee familiar with the Board of Governor Responsibilities? Circle one: Yes/No			
Nominated By:Date:			
I have known the Nominee for years			

Please note: Many people are nominated for a few open Board positions. A selection process follows nomination and includes matching nominees with current Board needs.