

KANSAS EARLY CHILDHOOD RECOMMENDATIONS PANEL



Applicant Information

NAME:

EMPLOYER/ROLE:

HOME ADDRESS:

City:

State:

Zip Code:

HOME PHONE:

EMAIL ADDRESS:

Please indicate which Panel Role you are applying for:

- Representative of local educational agencies
- Representative of a state agency (DCF, KDHE, KSDE)
- Representative of institutions of higher education in the State of Kansas
- Representative of local providers of early childhood education and development services
- Representative from Head Start agencies located in the State of Kansas, including migrant and seasonal Head Start programs and Indian Head Start programs
- Parent of a young child currently receiving early childhood services from the state of Kansas
- Other

Please indicate as many of the following characteristics that represent the diversity of perspectives you will bring to the Panel.

- Ability
- Age
- Ethnicity
- Race
- Gender
- Religion
- Sexual Orientation
- Socio-Economic Status

Please provide a short paragraph bio.



What groups/organizations/etc. are you currently involved in?

Please provide a brief statement about why you are interested in serving on the Panel.

As a member of the Panel, what issues would you want to focus on?

COMMITMENT STATEMENT

I commit to:

Attend the Panel meetings the 3rd Friday of each month from 9-11:30 a.m.

Actively engage and contribute to the Panel's work.

Serve on various workgroups outside of the Panel meetings as needed.

Resume/vita must be submitted to be considered for a Panel seat.

Email application and resume to