

# Half Hollow Hills PTA Legislation Committee Application

**Please complete entire form. Please add pages or any information you think is important to help us learn more about you.**

Name: Last \_\_\_\_\_ First \_\_\_\_\_

High School: East \_\_\_ West \_\_\_ Grade: 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup> \_\_\_

Contact Info: Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

1. Why are you interested in joining this committee?

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2. What do you think you will contribute to the committee?

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3. Briefly discuss any issues of interest regarding the legislative process, government, or local issues.

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**All applications should be placed in a sealed envelope and forwarded to:**

HHH PTA Council  
ATTN: Recording Secretary  
525 Half Hollow Road  
Dix Hills, NY 11746