



SOPHIA TRAVIS COMMUNITY SERVICE GRANTS Committee Member Application

Today's Date: _____

Full Name: _____

Nickname: _____

Address: _____

City: _____

Zip Code: _____

Residence Township: _____

Primary Phone Number: _____

Email: _____

Why are you interested in applying for the position? Please include any qualifications you have that you believe would benefit the Committee. *A resume and/or additional documentation information is preferred, but not required.*

Please forward the completed application and documents to CouncilOffice@co.monroe.in.us.

Applications will be kept on file for a period of one (1) year.