



## Board of Directors Candidate Application

Name, phone, email address of organization representative:

**Dr. Adell Brown, Jr. 662-254-3747**

Please return this application to - [info@mvsujhwhitefoundation.org](mailto:info@mvsujhwhitefoundation.org)

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
First MI Last Familiar name

### Mailing Address (mail and boxes) & Contact Information

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### Employer

Name \_\_\_\_\_

Type of business or organization \_\_\_\_\_

Primary service(s) and area/population served \_\_\_\_\_

Preferred method of contact: ( ) Home ( ) Cell ( ) Email

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Education/Training/Certificates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional** – Have you received any awards or honors that you'd like to mention?

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Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of the MVSU J. H. White Foundation, Inc.

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Please use the area below to tell how you believe the MVSU J. H. White Foundation, Inc. would benefit from your involvement on the Board.

<b>Areas of Expertise/Leadership Qualities</b>	<b>YES</b>	<b>NO</b>	<b>WILLING</b>
Administration/Leadership & Management			
Early-stage Organizations/Start-ups			
Financial Oversight			
Fundraising			
Government			
Investment Management			
Event Coordinating and Planning			
Grant Writing			
Marketing and Public Relations			
Human Resources			
Strategic Planning			
Outreach and Advocacy			
Real Estate / Law			
Understanding of Community Needs			
Technology			
Other			
<b>Resources</b>	<b>YES</b>	<b>NO</b>	<b>WILLING</b>
Money to give			
Access to money			
Access to other resources (foundations, business support)			
Availability for active participation (solicitation visits, grant writing)			

<b>Community Connections</b>	<b>YES</b>	<b>NO</b>	
Religious Organizations			
Corporate / Small Businesses			
Educational Institutions			
Media			
Government / Political			
Social Organizations / Fraternities & Sororities			
Social Services			
Other			

<b>Personal Style</b>	<b>YES</b>	<b>NO</b>	<b>WILLING</b>
Consensus Builder			
Strategist			
Team Member			
Visionary			

<b>Age</b>	<b>YES</b>	<b>NO</b>	<b>WILLING</b>
Under 18			
19-34			
35-50			
51-65			
Over 65			

<b>Gender</b>	<b>YES</b>	<b>NO</b>	<b>WILLING</b>
Woman			
Man			
Non-binary/Gender Nonconforming			

<b>Race/Ethnicity</b>			
African American/Black			
Asian/Pacific Islander			
Caucasian			
Hispanic/Latino			
Native American/Indian			
Other			

Please use the area below to tell which committee(s) you would like to serve with lead.

Board Committees	YES	NO	WILLING
Advocacy & Policy			
Development / Fundraising			
Finance			
Programs / Community Outreach			
Communications / Media / Marketing			
Human Resources			

**Signatures:**

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board President:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you very much for applying**

**IN OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_ **By:** \_\_\_\_\_

Approved       Disapproved       Pending

**Board Term:**  1 year     2 years     3 years    **End:** \_\_\_\_\_

**Executive Committee:**  Yes     No    **Term:** 1yr    2yr    3yr  
    President    Vice-President    Secretary    Treasurer    Member

**Committee(s):** \_\_\_\_\_

**Committee Chair:**  Yes     No    \_\_\_\_\_

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_