APPLICATION FOR SELECTION

State Superintendent’s Student Cabinet
School Year 2022-2024

Updated May 5, 2022

North Dakota State Superintendent Kirsten Baesler invites you to submit an Application for Selection to the State Superintendent’s Student Cabinet.

1. Program Summary

The Department of Public Instruction is looking for students in Grades 4-12 or the first year of college to serve as members of the State Superintendent’s Student Cabinet. The purpose of the State Superintendent’s Student Cabinet is to provide a forum for North Dakota students’ voices to be heard.

Students from different grade levels, backgrounds, cultures, school size, and areas within North Dakota will share their opinions and offer advice about educational opportunities and policy in North Dakota with Superintendent Kirsten Baesler.

Cabinet meetings will be held throughout the coming school year. Most meetings will be held at the State Capitol in Bismarck, ND. Cabinet Members will be notified of the first meeting date upon selection.

Selected students will be expected to attend all scheduled full-day meetings, prepare for each meeting as needed, work collaboratively with each other and the Department of Public Instruction staff as needed, and express views and opinions openly, constructively, and respectfully.

By becoming a member of the State Superintendent’s Student Cabinet, students will benefit by:

- Having a direct role in improving education for all students in North Dakota;
- Gaining important leadership, public speaking, decision making, and team-building skills;
- Developing a network of support and mentors through exposure to leaders across the state; and
- Having a great addition to their resume and college applications.

2. Specifications

Students interested in serving on the State Superintendent’s Student Cabinet will need to submit the application provided along with any other criteria stated within this Application for Selection. Applications are due by June 3, 2022, by 5:00 PM CDT, and should be submitted by email to pcarmichael@nd.gov.

The Application is included as Attachment 1, available on the NDDPI student cabinet website at www.nd.gov/dpi/about/StudentCabinet.

3. Minimum Eligibility Criteria

To be eligible to apply, students must:

- Be currently enrolled in a North Dakota public or nonpublic K-12 school;
- Be willing to and able to travel to Bismarck or an alternative location for meetings;
- Have an available adult to chaperone them to Bismarck or alternate location for meetings; and
- Must complete all sections of the application.
4. Submission Requirements
Students must provide:
- A cover letter that is compelling and highlights their diverse background knowledge and personal experiences. Please feel free to be as expansive as you like;
- A completed application form and
- A parent or legal guardian signature on the application form, approving participation on the Cabinet.

For liability and insurance purposes, the parent/legal guardian signatures MUST be on the application where indicated or the application will be rejected.

5. Selection Process
All applications will be evaluated according to the submission requirements and evaluation criteria in this Application for Selection. Considerations will also be given to create a broad representation of students across North Dakota, including geographic location, school, grade level, interests, and experiences as outlined in the application.

Students who have previously served on the State Superintendent’s Student Cabinet are eligible to reapply for one additional term. There is a two-term limit.

6. Application Schedule

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Posted</td>
<td>April 28, 2022</td>
</tr>
<tr>
<td>Applications Due</td>
<td>June 3, 2022, by 5:00 p.m.</td>
</tr>
<tr>
<td>Notice of Selection Issued</td>
<td>June 17, 2022</td>
</tr>
<tr>
<td>First Student Cabinet Meeting</td>
<td>Selected applications will receive notification of meeting date, time, and location</td>
</tr>
</tbody>
</table>

7. Assistance to Applicants with a Disability
Applicants with a disability who need accommodations should contact the State Superintendent’s Executive Assistant Patty Carmichael at pcarmichael@nd.gov or 701-328-3264 before the deadline for applications so reasonable accommodations can be made.

8. Contact Information
The State Superintendent’s Executive Assistant, Patty Carmichael, is the contact for this application process. Applicants must direct all communications regarding this application to her.

Point of Contact: Patty Carmichael  
Phone: 701-328-3264  
Email: pcarmichael@nd.gov

9. Reimbursement
STATE will reimburse parent/legal guardians for round trip travel from home to meeting location and reimbursement for meals and lodging (if appropriate) for both student and one parent/legal guardian according to North Dakota state guidelines and rates.
APPLICATION FOR THE 2022-2024 STATE SUPERINTENDENT'S STUDENT CABINET

INSTRUCTIONS: Please submit the application no later than **5:00 p.m. on Monday, June 3, 2022.** Additional pages may be attached. The application may be duplicated.

**APPLICANT INFORMATION**

<table>
<thead>
<tr>
<th>NAME (Last, First, Middle Initial)</th>
<th>BIRTH YEAR (yyyy)</th>
<th>HOME PHONE NUMBER ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS (Street, City, State, Zip Code)</td>
<td></td>
<td>CELL NUMBER ( )</td>
</tr>
<tr>
<td>EMAIL ADDRESS (Year-round)</td>
<td></td>
<td>GENDER: ☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

**SCHOOL INFORMATION**

<table>
<thead>
<tr>
<th>NAME OF SCHOOL</th>
<th>NAME OF PRINCIPAL</th>
<th>GRADE/YEAR IN SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOOL ADDRESS (Street, City, State, Zip Code)</td>
<td></td>
<td>SCHOOL PHONE NUMBER ( )</td>
</tr>
<tr>
<td>GRADE LEVELS IN YOUR SCHOOL (ex. K-6, PK-5, K-12, 9-12, 6-8, etc.)</td>
<td>NUMBER OF STUDENTS AT YOUR SCHOOL</td>
<td></td>
</tr>
</tbody>
</table>

**PARENT/GUARDIAN INFORMATION**

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN NAME</th>
<th>PHONE NUMBER</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARENT/GUARDIAN NAME</td>
<td>PHONE NUMBER</td>
<td>EMAIL ADDRESS</td>
</tr>
</tbody>
</table>

Notice of Selection: All applicants will be notified in writing whether or not they are selected to be a member of the 2022-2024 State Superintendent’s Student Cabinet. Approximate notification date: June 17, 2022.
Please provide a written response to the following questions (may use a separate sheet of paper if necessary):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Why are you interested in serving on the Superintendent’s Student Cabinet? Please include information about yourself that will assist us in getting to know you.</td>
</tr>
<tr>
<td>2.</td>
<td>Describe a challenge facing students in school today. Do you have ideas to help with this issue?</td>
</tr>
<tr>
<td>3.</td>
<td>What is one thing you think your State Superintendent needs to know about your school?</td>
</tr>
<tr>
<td>4.</td>
<td>If you could change one physical element and one educational element at your school, what would they be? Why?</td>
</tr>
<tr>
<td>5.</td>
<td>What experience outside of school has influenced your views and/or attitude about education? In what way?</td>
</tr>
<tr>
<td>6.</td>
<td>Have you included a Cover Letter and a parent or legal guardian signature on the form?</td>
</tr>
</tbody>
</table>

☐ Yes  ☐ No

I understand if I am selected as a member of the 2022-2024 State Superintendent’s Student Cabinet, I will be expected to attend all meetings held throughout the Cabinet term. I will also be expected to provide my own transportation to the meeting destinations. Cabinet members will be reimbursed for travel expenses to attend scheduled meetings.

☐ Yes  ☐ No
Signatures

I certify that the essay written and submitted with this application represents my own work.

________________________________________
Date                                          Signature of Student

I understand that my support will be essential in making my son/daughter a successful Superintendent Student Cabinet Member.

________________________________________
Date                                          Signature of Parent or Guardian

I support this candidate’s application and understand my support will be essential in making this candidate a successful Superintendent Student Cabinet Member.

________________________________________
Date                                          Signature of Principal or Guidance Counselor
State Superintendent’s Student Cabinet ~ School Year 2022-2024

Evaluation Criteria

Maximum Points Possible is 70

Applicant Name______________________________

Evaluator Printed Name________________________

Evaluator Signature_________________________ Date of Evaluation___

Applications will be evaluated against responses received from the application form and other required criteria.

<table>
<thead>
<tr>
<th>Point Value</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Did not answer the question.</td>
</tr>
<tr>
<td>1-5</td>
<td>Fair-Good. Limited or some applicability.</td>
</tr>
<tr>
<td>6-10</td>
<td>Good – Excellent. Substantial or excellent applicability.</td>
</tr>
</tbody>
</table>

1. To what degree was the response clear, complete, and compelling as to why the applicant is interested in serving on the State Superintendent’s Student Cabinet and does the information about the applicant assist us in getting to know him/her?

Comment: _____

Points Awarded for #1: _____

2. To what degree was a clear, complete, and compelling response provided on why a representative from his/her school is needed on the Cabinet?

Comment: _____

Points Awarded for #3: _____

3. To what degree was a clear, complete, and compelling response provided on a challenge facing students today? Did the applicant also provide ideas to resolve the issue?

Comment: _____

Points Awarded for #4: _____
4. To what degree did the applicant express his/her thoughts in a clear, concise and compelling manner on what the State Superintendent should know about his/her school?

Comment: ____

Points Awarded for #5: ____

6. Did the applicant provide one physical element and one educational element and to what degree did the applicant provide clear, concise, and compelling reasons for his/her choices?

Comment: ____

Points Awarded for #6: ____

7. Did the applicant provide an experience and to what degree did the applicant provide a clear, concise, and compelling explanation of how it influences his/her views and/or attitude about education?

Comment: ____

Points Awarded for #7: ____

8. A completed application was submitted with all necessary signatures.

Comment: ____

Points Awarded for #8: ____

TOTAL POINTS AWARDED: ________________

(70 Maximum Points)