



**North Dakota Department of Public Instruction**  
**Kirsten Baesler, State Superintendent**  
**600 E Boulevard Ave, Dept. 201**  
**Bismarck, ND 58505-0440**

**APPLICATION FOR SELECTION**  
**State Superintendent's Student Cabinet**  
**School Years 2024-2026**

**February 5, 2024**

The North Dakota Department of Public Instruction, Superintendent of Public Instruction, 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 3 -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 State Superintendent of Public Instruction, 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 shortly after selection.

Selected students will be expected to attend all scheduled meetings, prepare for each meeting as needed, work collaboratively with each other, and with 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;
- Gain important leadership, public speaking, decision making, and team-building skills;
- Develop a network of support and mentors through exposure to leaders across the state; and
- Have 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 April 5, 2024, by 5:00 PM CDT** and should be submitted to [gkmarback@nd.gov](mailto:gkmarback@nd.gov) or by email or Fax to 701-328-0203.

The Application is included as Attachment 1, available on the NDDPI website at <https://www.nd.gov/dpi> and the student cabinet website at [www.nd.gov/dpi/about/StudentCabinet](http://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 K12 school;
- Be willing to and able to travel to Bismarck or an alternative location for meetings;
- Have an available adult to chaperone student 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 the student's diverse background knowledge and personal experiences. Please feel free to be as expansive as you like.
- Completed Application Form;

- 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 form 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.

## **6. Application Schedule**

<b>Application Posted</b>	<b>February 5, 2024</b>
<b>Applications Due</b>	<b>April 5, 2024 by 5:00pm</b>
<b>Notice of Selection Issued approximately</b>	<b>Approximately April 25, 2024</b>
<b>First Student Cabinet Meeting</b>	<b>Selected applications will receive notification of meeting date, time, and location</b>

## **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 [gkmarback@nd.gov](mailto:gkmarback@nd.gov) or 701-328-4518 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: Gwyn Marback**  
**Phone: 701-328-4518**  
**Fax: 701-328-0203**  
**Email: [gkmarback@nd.gov](mailto:gkmarback@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 2024-2026 STATE SUPERINTENDENT'S STUDENT CABINET**

**INSTRUCTIONS:** Please submit the application no later than **5:00 PM on Monday, April 5, 2024**. Additional pages may be attached. The application may be duplicated.

**APPLICANT INFORMATION**

NAME (Last, First, Middle Initial)	BIRTHYEAR (yyyy)	HOME PHONE NUMBER (   )
HOME ADDRESS (Street, City, State, Zip Code)		CELL NUMBER (   )
EMAIL ADDRESS		GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female

**SCHOOL INFORMATION**

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

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN NAME	PHONE NUMBER	EMAIL ADDRESS
PARENT/GUARDIAN NAME	PHONE NUMBER	EMAIL ADDRESS

**Notice of Selection:** All applicants will be notified in writing whether or not they are selected to be a member of the 2020-2022 State Superintendent's Student Cabinet. Approximate notification date: December 16, 2020

**Please provide a written response to the following questions (may use a separate sheet of paper if necessary):**

1. 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.
2. How do you feel equity is recognized and supported in your school? If you do not feel it is recognized and supported, how could it be improved?
3. Why do you feel a representative from your school is needed on the cabinet?
4. Describe a challenge facing students in school today. Do you have ideas to help with this issue?
5. What is one thing you think your State Superintendent needs to know about your school?
6. If you could change one physical element and one educational element at your school, what would they be? Why?
7. What experience outside of school has influenced your views and/or attitude about education? In what way?
8. Have you included a Cover Letter and a parent or legal guardian signature on the form?
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
I understand if I am selected as a member of the 2020-2022 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.  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

## Required 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