

**Clarke School Alumni Council  
Application Form**

Please print or type applicable information and return by April 15<sup>th</sup> to: Clarke School Alumni Office, Clarke School for the Deaf, 47 Round Hill Road, Northampton, MA 01060 or fax to 413-584-3358.

Full Name: \_\_\_\_\_ (Name at graduation, if different): \_\_\_\_\_

Graduation Year or Years Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(indicate preferred)

E-mail Address: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Why are you applying for the Alumni Council?

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What unique qualities can you contribute to the success of the Alumni Council?

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In what specific ways could the Alumni Council connect more effectively with alumni?

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Thank you for your interest!

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