

# Application Form

## Profile

sherry \_\_\_\_\_ J \_\_\_\_\_ Gruskowski \_\_\_\_\_  
 First Name Middle Initial Last Name

sherryg5@outlook.com \_\_\_\_\_  
 Email Address

26 Saw Mill Dr \_\_\_\_\_ Community Building \_\_\_\_\_  
 Home Address Suite or Apt

Ledyard \_\_\_\_\_ CT \_\_\_\_\_ 06335 \_\_\_\_\_  
 City State Postal Code

Mobile: (860) 389-1038 \_\_\_\_\_  
 Primary Phone Alternate Phone

## Which Boards would you like to apply for?

Housing Authority: Submitted

## Education & Experiences

Please tell us about yourself and why you want to serve.

### Why are you interested in serving on a board or commission?

I have lived in Ledyard for 27 years, raised our children here and would love to give back to the community.

## Community Involvement

Para at GH Elementary School, Ledyard Food Pantry, Clothing Exchange, currently Children's Ministry Director Gallup Hill Baptist Church

## Educational Background

BS Elementary Education Longwood College-Farmville VA MS Early Childhood ODU - Norfolk.VA Resume available upon request

Gallup Hill Baptist Church, \_\_\_\_\_ Children's Ministry Director \_\_\_\_\_  
 Ledyard CT Employer Job Title

Upload a Resume \_\_\_\_\_

## Party Affiliation

**Party Affiliation \***

Republican

---

**Disclaimer & FOIA Information**

Your attendance and active participation is important for the Committee to conduct its business. Any member of a Committee/Commission/Board who is absent from three (3) consecutive regular meetings and any intervening duly called special meetings shall be considered to have resigned from the Committee and the vacancy shall be filled, except that the Committee may vote to waive attendance requirements in each case where illness or other extenuating circumstances make it impossible for a member to meet the attendance requirements. It shall be the responsibility of the Chairman of the Committee to notify the Town Council or Mayor's office when a member has not properly performed his/her duties.

**Please Agree with the Following Statement**

**If selected as a board member, I understand that information on this application is subject to the Freedom of Information Act (FOIA) and may be disclosed to anyone requesting this information.**

I Agree

**Signature (type full name below)**

Sherry J Gruszkowski

We recommend Appoitmant



3/4/2025