

South Linden Area Commission  
Application and Biographical Sketch

Application Date: 7-18-23 SLAC Receipt Date: 7-22-23 SLAC Review Date: \_\_\_\_\_

**I. Personal Information**

*per hand delivery*

Your Name Your Birth Date: Keisha Phenice Williams

Street Address: 1113 Vesta Avenue

City State and Zip Code: Columbus, OH IO 43211

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: 614-483-0732

Preferred eMail Address: NAESW@GMAIL.COM

Communication Preference(s):  Personal  eMail  Text  Call  Mail  Fax

**II. Education Information**

Highest Degree You Have Earned: Some College

High School Attended: Callaway High School

College(s) Attended: Columbus State Community College  
*community advocate, collaborations working with kids.*

Certifications and/or Special Skills: Business Technology Leadership Academy  
*youth engagement, volunteering, civic engagement, serving community*

What Has Been Your Best Learning Experience and What Made It A Good Learning Experience?  
Community services being able to be involve with kids, doing  
community events, volunteering, clean up, walks, give  
back, my learning experience helping others, being  
acknowledge for not letting circumstances stop me or be  
a hinder knowing that others are impacted and see  
the work you do.

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### III. Community Involvement

Please list two community organizations in which you participate or volunteer (Past or present). Briefly state your role within the organization(s), purpose of the organization(s), and the start and/or end dates of your involvement. For example: Boy or Girl Scouts Troop Leader 1998–2000; Big Brothers/Big Sisters Mentor 2000–2004; St. Augustine Church Sunday School Teacher 2005--present. If you have never been involved in an organization, simply indicate "NA".

Organization One:

Weave Linden

Organization Two:

South Linden Parent Program

Purpose of Organization:

servicing families and youth  
community events bringing us  
together

Purpose of Organization:

Technique bringing parents together  
watch videos, rewards

Years of Involvement: Community together

9 years

Years of Involvement:

1 year

Your Role:

registration, volunteering  
working with families and  
youth

Your Role:

parent liaison

### Personal References

Please list two (2) people who know you, your character, and commitment to the greater Linden Community and who would be willing to act as a reference if contacted by the South Linden Area Commission.

Name One:

Mr. Ralph Carter

Name Two:

Carla Fontaine

Telephone Number:

614-402-6875

Telephone Number:

614-886-1558

Relationship To You: Mentor

Friend, Community leader

Relationship To You:

Coach, mentor

How Long Has This Person Known You?

11 years

How Long Has This Person Known You?

2 years

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## IV. Statement of Commitment

In 250 words up to 500 words, please respond to each of the following questions to explain your commitment to public service. Your response may be up to two (2) typewritten pages.

1. What traits do you feel define you as an emerging leader?
2. What makes you passionate about the greater Linden Community--south neighborhood?
3. What do you seek to gain, learn, or plan to achieve by serving on the South Linden Area Commission?