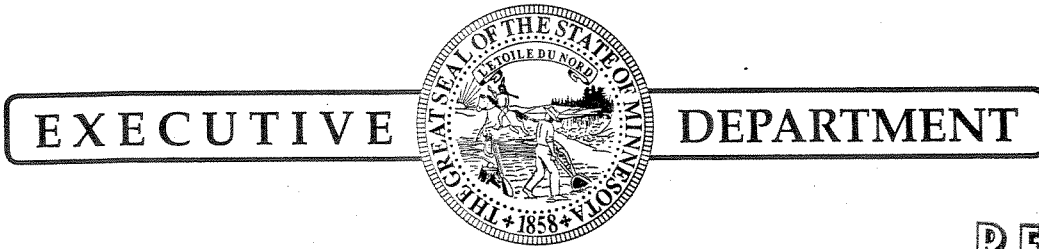


STATE of MINNESOTA



TIM PAWLENTY
GOVERNOR

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JUN 29 2008

NOTICE OF APPOINTMENT

President of the Senate

CLARENCE HIGHTOWER

11510 62nd Place North
Plymouth, Minnesota 55440
County of Hennepin
Congressional District Three

Because of the special trust and confidence I have in your integrity, judgment and ability, I have appointed and commissioned you to have and to hold the said office of:

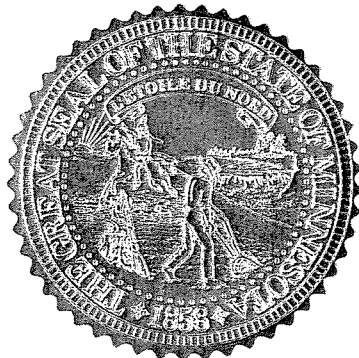
Member

**BOARD OF TRUSTEES OF THE MINNESOTA STATE
COLLEGES AND UNIVERSITIES (MnSCU) SYSTEM**

Effective: July 2, 2008
Term Expires: June 30, 2014

This appointment carries with it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Capitol in the City of Saint Paul, June 27, 2008.



A handwritten signature in black ink, appearing to read 'Tim Pawlenty', written over a horizontal line.

Governor

A handwritten signature in black ink, appearing to read 'Mark Ritchie', written over a horizontal line.

Secretary of State

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON STATE AGENCY
All information on this form is available to the public upon request.

Agency Name: * Minnesota State Colleges and Universities Board of Trustees
(Name of board, council, commission or task force to which you are applying.)

Position Sought: Member
(Membership position sought or enter "member" if no specific requirements exist for position sought.)

Applicant Name: * Clarence Hightower
(First Name) (Last Name)

Applicant Address: * 11570 62nd Ave N Plymouth MN 55442
(Street) (City) (State) (Zip)

Work Phone: * (651) 603-5950 Home Phone: (763) 268-0882

E-MAIL: * M.Hightower @ go1.com

County: Hennepin MN House of Rep District: _____ U.S. House of Rep District: _____

* Indicates information that will appear on the Office of the Secretary of State web site: www.sos.state.mn.us

Have you ever been convicted of a felony: Yes _____ No X

Did the Appointing Authority suggest you submit your application? YES _____ NO X

Please attach a current resume or a biographical statement containing work history, education, community activities, etc., and any other information the Applicant or Nominating Person feels would be helpful to the Appointing Authority.

OPTIONAL STATISTICAL INFORMATION

The following information is optional and voluntary. Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *Minnesota Statutes* §15.0597.

Sex: X Female X Male Political Party: _____ Democratic-Farmer-Labor
 _____ Green
 _____ Independence
 _____ Republican
 _____ Other _____
X No party preference

Disability: _____ Yes
X No

Race*: X African American / Black
 _____ American Indian / Alaska Native
 _____ Asian
 _____ Hispanic
 _____ Native Hawaiian / Pacific Islander
 _____ White
 _____ Other Race _____

National Origin: _____ (* Select as many as apply)
(Country of Origin or Principle Tribe)

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought.

Clarence Hightower 7/30/08
(Signature of Applicant)* (Date)

* If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.

MAIL, FAX, OR SUBMIT APPLICATION IN PERSON, TO: Office of the Secretary of State, Open Appointments
 180 State Office Building
 100 Rev. Dr. Martin Luther King, Jr., Blvd
 St. Paul, MN 55155-1299
 FAX: (651) 296-9073
 Phone: (651) 297-5845
 Email: open.appointments@state.mn.us

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired. *By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)*

FOR OFFICE USE: Sub by AA: _____ AA: _____ Trans Date: _____

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10



TRUSTEE CANDIDATE ADVISORY COUNCIL

APPLICATION FOR THE BOARD OF TRUSTEES OF THE MINNESOTA STATE COLLEGES AND UNIVERSITIES

This application is available on the council's Web site: www.tcac.leg.mn. A completed and signed application must be received in our office by 4:30 p.m. on February 15, 2008. Please send application to:

Trustee Candidate Advisory Council
c/o Legislative Coordinating Commission
72 State Office Building
100 Rev. Dr. Martin Luther King Jr., Blvd.
St. Paul, MN 55155
(651) 296-9002
(651) 297-3697 FAX

6/25 - 10:03 Called re: PR

Under the Minnesota Data Privacy Act, Minnesota Statutes Section 13.43, Subdivision 3, parts of this application are public information once a candidate becomes a finalist. "Finalist" is defined in statute as a person that has been selected for an interview. The application is divided so that the first portion is public information, including: name, address, employment record, governing board experience, and education. The second portion of the application includes references and essay questions. Reference information remains private information. Answers to essay questions are private unless the applicant waives his or her right and releases that information.

PUBLIC INFORMATION SECTION

There are four open positions on the Board of Trustees; two at-large, one from the 4th Congressional District, and one from the 7th Congressional District. Please check the trustee position(s) for which you are applying.

- At-Large (two positions)
4th U.S. Congressional District (one position)
7th U.S. Congressional District (one position)

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JUN 30 2008

Personal Information

Name: Clarence Hightower
Address: 11510-62nd Place North
Plymouth MN 55440 3rd

President of the Senate

* Phone, fax and email contact information is made public only with the consent of the applicant. Checking the boxes allows release of that information if the applicant is selected as a finalist.

Phone Number*: (H) 763-268-0882 (W) 612-302-3101
Fax Number*: 612-521-1444 612-251-9496
Email Address*: mulhtower@aol.com

4/16 2:15 VM 6/20 VM 11:20
4/18 ret-call 2:09

Clear Entire Form

RECEIVED**EMPLOYMENT HISTORY**

Past occupation or experience (voluntary or paid), including dates and person to whom you reported. Please limit to last three positions and list most current information first.

Employer: Minneapolis Urban League Voluntary or Paid: Paid

JUN 30 2003

Address: 2100 Plymouth Avenue North - Minneapolis, MN 55411Position: President & Chief Executive OfficerPresident of the SenateFrom (Month/Year): August 1998 To (Month/Year): PresentSupervisor: F. C. Tyler, Chair, MUL Board of Directors Phone: 612-333-7309Employer: The City, Inc. Voluntary or Paid: PaidAddress: 1315 Plymouth Avenue North - Minneapolis, MN 55411Position: Executive DirectorFrom (Month/Year): October, 1993 To (Month/Year): August, 1998Supervisor: City Inc. Board of Directors Phone: 612-377-7559Employer: North Community YMCA Voluntary or Paid: PaidAddress: 1711 West Broadway - Minneapolis, MN 55411Position: Executive DirectorFrom (Month/Year): May, 1982 To (Month/Year): October 1993Supervisor: Harold Mezile Phone: 612-588-9484**GOVERNING BOARD EXPERIENCE**

Such as government, business, education, church, charities, non-profits, etc. Please limit to last four positions and list most current information first.

Organization: MnSCU Board of TrusteesPosition: Vice Chair, Chair of Finance/Facilities, Diversity Task Force, Human Resources & Education PFrom (Month/Year): July, 2002 To (Month/Year): Present (term exp. June 2008)Chair(s) during service: David Olson Phone: 651-292-4650Executive Officer(s) during service: James McCormick Phone: 651-296-7971Organization: United Way Council of Agency ExecutivesPosition: Council Member and Chair

From (Month/Year): _____ To (Month/Year): _____

Chair(s) during service: Anthony Wagner Phone: 612-302-3421Executive Officer(s) during service: Frank Forsberg Phone: 612-340-7585Organization: Greater Minneapolis Convention and Visitors Association (Meet Minneapolis)Position: Board MemberFrom (Month/Year): March/2003 To (Month/Year): Feb/2005

Chair(s) during service: _____ Phone: _____

Executive Officer(s) during service: Greg Ortale Phone: 612-767-8080

Clear Entire Form

GOVERNING BOARD EXPERIENCE (continued)

Organization: _____
 Position: _____
 From (Month/Year): _____ To (Month/Year): _____
 Chair(s) during service: _____ Phone: _____
 Executive Officer(s) during service: _____ Phone: _____

EDUCATION

	Name & Location of School	Major Area of Study	Diploma/Degree Date Received
High School			
College/Post-secondary	George Williams College Bowers Grove, IL Downers	Human and Community Service	M.A.
College/Post-secondary	Southwest State University Marshall, MN	Education	B.A.
College/Post-secondary			

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JUN 8 9 2003

President of the Senate

PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION: How did you find out about this position? (Check all that apply)					
Newspaper	___	Employer	___	Friend	___
Radio/TV	___	School	___	Web site	___
Newsletter	___	Organization	___	Other (specify)	<u>seeking 2nd term</u>

Clear Entire Form