

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: April 8, 2019 _____

Name: Jamie Williamson _____

Are you representing: Yourself _____ Organization _____

Organization (If Applicable): Marburn Academy _____

Position/Title: Head of School _____

Address: 9555 Johnstown Rd. _____

City: New Albany _____ State: OH _____ Zip: 43054 _____

Best Contact Telephone: 614-433-0822 _____ Email: jwilliamson@marburnacademy.org _____

Do you wish to be added to the committee notice email distribution list? Yes _____ No _____

Business before the committee

Legislation (Bill/Resolution Number): HB 166 _____

Specific Issue: Jon Peterson Special Needs Scholarship and Autism Scholarship _____

Are you testifying as a: Proponent _____ Opponent _____ Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes No _____

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 5 minutes _____

Please provide a brief statement on your position:

If there are changes to the funding model or structure of JPSNS and Autism scholarships we want to ensure their values and availability to the students and families that rely on them are of the same value as they are today or increased.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.