



ALL SAINTS CATHOLIC SCHOOL APPLICATION FOR SCHOOL ADVISORY COUNCIL

Please complete application and return to the ASCS School Office to the ATTN: SAC Nominations*

Date:	
Name:	
Street Address:	
City, Zip:	
Phone:	
E-mail Address:	
Occupation:	

- **Length of time as a registered All Saints Parishioner:**
- *If new parishioner*, the name and location of previous parish and length of time at previous parish:
- **Children at All Saints Catholic School and Grade Level(s):**
- **Have you ever been a parish school board member** (*If yes, what parish and what position did you hold*)?

Please answer the five questions below:

- 1. What is your reason for wishing to serve as an All Saints School Advisory Council member?**
- 2. What talents would you bring to this position?**
- 3. What value do you see in Catholic education?**
- 4. What do you hope to accomplish as a School Advisory Council Member?**
- 5. What is your vision for All Saints Catholic School?**

***If you have one available, please attach a resume or short auto-biography to this application.**