



**Department of Catholic Schools**

*Archdiocese of San Antonio*  
2718 W. Woodlawn Ave  
San Antonio, Texas 78228  
(210) 734-2620 • Fax (210) 734-9112  
[www.sacatholicschools.org](http://www.sacatholicschools.org)

**APPLICATION**

*We seek support and participation from those who share a common vision, mission and philosophy in Catholic schools.*

*We are interested in considering you to share in the governance of Catholic Schools on the Archdiocesan level. Based on your experience and expertise select which organization you may want to serve.*

*Thank you for considering to SERVE!*

*Please Print or Type:*

Date: \_\_\_\_\_

Organization for which you are applying based on experience and expertise:

\_\_\_ Catholic Schools Council of the Archdiocese of San Antonio

\_\_\_ Archdiocesan Federation of Parent-Teacher Clubs

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Address: City State Zip

\_\_\_\_\_  
Home Phone: Email:

\_\_\_\_\_  
Religion: Parish Registered (Name/City):

**PLACE OF EMPLOYMENT:**

\_\_\_\_\_  
Company Name:

\_\_\_\_\_  
Address: City State Zip

\_\_\_\_\_  
Work Phone: Email:

\_\_\_\_\_  
Occupation:

**EDUCATION:**

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High School	City	State	
College(s) Attended	City	State	Degree Earned

**ASSOCIATION WITH CATHOLIC PARISH:**

Dates	Activities	Capacity

**CATHOLIC SCHOOL COUNCIL/PTC/SPIRIT DAY EXPERIENCE:**

School Council/PTC	Activities	Dates/Years

**COMMUNITY ACTIVITIES:**

Dates	Activities	Capacity

**SCHOOL ACTIVITIES INVOLVEMENT:**

School	Activities	Dates/Year

**REFERENCES:** (Please provide the name, address, & phone number for 3 references.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please submit a letter of recommendation from a Catholic school administrator from the Archdiocese of San Antonio.

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**Name of Administrator**

**School**

**City/State**

Please indicate what expertise you can bring to the Catholic School Council/PTC Federation/.

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**Signature**

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**Date**

*Send your application to that specific organization*

*c/o Department of Catholic Schools  
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