

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:

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

Name of Administrator	School	City/State
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Please indicate what expertise you can bring to the Catholic School Council/PTC Federation/.

Signature

Date

Send your application to that specific organization

***c/o Department of Catholic Schools
2718 W. Woodlawn Ave
San Antonio, Texas 78228***