

**Frassati Catholic Academy School Advisory Council  
Prospective Advisory Council Candidate Information**

Name (please print)	
Address	
Phone	
Email	
Current Parish- How many years?	
Number and Grades of Children attending FCA if applicable.	
Occupation or Profession	

***Please complete the following questions.***

Why do you want to be a School Advisory Council member and what do you hope to contribute to the FCA community? (100 words or less; you may attach a separate sheet)

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Please describe any specific skills or previous board experience you have that may benefit the committee. (100 words or less; you may attach a separate sheet)

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***Appointed school advisory council member's terms are for three years beginning in August. I have read the "Roles and Responsibilities of School Advisory Council Members" and, if appointed, agree to abide by them.***

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

*Please complete and return to the school office by Friday, May 12, 2017*