



**ST. MARTIN OF TOURS ACADEMY
SCHOOL BOARD MEMBER APPLICATION**

Name: _____

Telephone: _____
 Daytime Evening

Occupation: _____ Place of Employment: _____

Particular Areas of Expertise: _____

Parish Affiliation: _____

Number of years children have been enrolled at SMA: _____

School Board needs/projects that you are willing to be involved with:

What do you see as the strengths of St. Martin of Tours Academy?

What do you see as areas for growth / improvement?

As a school board member, how could you contribute to St. Martin of Tours Academy?

Signature

Date