



**St. Scholastica
Parish Advisory Council
Application for At Large Member Election**

Name _____

Address _____

Telephone _____ Email _____

Number of Years at St. Scholastica _____

Employment _____

Ministry Involvement at St. Scholastica and for how long? _____

Past Parish Involvement (if any) _____

Membership in Organizations _____

Volunteer Activities _____

What special skills or expertise would you bring to the Parish Advisory Council? _____

Please return this application to the Parish Office by July 24, 2026 . A photograph of you will be taken at that time to include with the ballot.

For Office Use: Date Received: _____