



## SLA Board of Directors Application Form

Please scan and email completed form to [office@stlawrenceacademy.ca](mailto:office@stlawrenceacademy.ca)



Thank you for your interest in joining our Board of Directors for the St. Lawrence Academy. Our Board of Directors play a vital role in promoting our vision and increasing education excellence in our community. SLA welcomes individual applicants with suitable skills and experience to help us grow and support of staff, parents and students. Our Mission is to inspire learning and to develop the intellectual, creative, spiritual and physical potential of every child. Through solid Christian principles, we seek to develop caring, accepting and respectful young people who will aspire to become responsible, humble, and self-motivated global citizens.

| Applicant Contact Information |     |       |                     |             |
|-------------------------------|-----|-------|---------------------|-------------|
| NAME                          |     |       |                     |             |
| ADDRESS                       |     |       |                     | Postal Code |
| BIRTHDATE                     |     | EMAIL |                     |             |
| TELEPHONE                     |     |       | Cell Phone          |             |
| Are you an SLA parent?        | YES | NO    | If so, what grades? |             |

Getting to know you:

|                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------|--|
| What motivates you to become a Board member for the St. Lawrence Academy?                                  |  |
| What special skills and/or qualifications would you bring to the board?                                    |  |
| Please describe your past board experience (including the types of boards on which you have participated). |  |
| Please describe your understanding of a board member's role.                                               |  |

By submitting this application, I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Policies and Procedures of the Organization.

Applicant Name(Please print): \_\_\_\_\_ Signature: \_\_\_\_\_

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