

THE COLLEGE OF ST. SCHOLASTICA
Duluth, Minnesota

Parents Advisory Council

Biography Form

Parent Information

Name (s) _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

I/We are alumni of the College – Class(es) of _____

Parent 1 _____

Occupation _____

Employer _____

Address _____

City _____ *State* _____ *ZIP* _____

Phone _____ *Email* _____

Special interests _____

Parent 2 (if applicable) _____

Occupation _____

Employer _____

Address _____

City _____ *State* _____ *ZIP* _____

Phone _____ *Email* _____

Special interests _____
