

St. Paul the Apostle Alumni Association

First Name: _____ Last Name: _____

Middle Name: _____ Married Name: _____

Class Year: _____ Spouse Name: _____

Email Address: _____ Phone: _____

High School Attended: _____ Grad Year: _____

College/University Attended: _____ Grad Year: _____

Major/Concentration: _____

Current Employer: _____ Position: _____

Please take a few moments to fill out the following survey:

1.) What would you like to see achieved through the St. Paul the Apostle Alumni Association?

2.) Would you like to attend an alumni-centered event? Yes or No

If yes, what kind?

3.) Would you like to be on a planning committee for the 60th Anniversary of the School & Parish? Yes or No Best way to reach you: _____

4.) What kind of information would you like to have about St. Paul the Apostle School?

Thank you for taking the time to answer these questions. Your thoughts and feedback will allow us to create an Alumni Association that will best suit our GIANTS!

Do you know where your fellow GIANTS are?

First Name: _____ **Last Name:** _____

Married Name: _____ **Class Year:** _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Phone:** (____) _____ **Email:** _____

First Name: _____ **Last Name:** _____

Married Name: _____ **Class Year:** _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Phone:** (____) _____ **Email:** _____

First Name: _____ **Last Name:** _____

Married Name: _____ **Class Year:** _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Phone:** (____) _____ **Email:** _____

First Name: _____ **Last Name:** _____

Married Name: _____ **Class Year:** _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Phone:** (____) _____ **Email:** _____

First Name: _____ **Last Name:** _____

Married Name: _____ **Class Year:** _____

Address: _____ **City:** _____ **State:** _____

Zip: _____ **Phone:** (____) _____ **Email:** _____