

To be completed by a school official

Class Rank _____ out of _____ students

G P A _____

Counselors signature: _____

Phone: _____

PLEASE LIST YOUR EXTRACURRICULAR ACTIVITIES: CLUBS, OFFICES HELD, AWARDS, ETC.

Activity/Club:

Offices, Awards, etc.

1. _____

2. _____

3. _____

4. _____

5. _____

Additional: _____

PLEASE LIST YOUR COMMUNITY ACTIVITIES: CHURCH, CIVIC, ETC.

1. _____

2. _____

3. _____

Additional: _____

PLEASE LIST ANY ACADEMIC HONORS, AWARDS OR OTHER DISTINCTIONS, ETC.
