



**TO BE COMPLETED BY THE STUDENT:**

**Student Activities and Work Experience:**

List student activities in which you have participated during grades 9-12 and "X" the appropriate grade levels. Limit your response to the space provided-one entry per line.

Student Activities and Work Experience	Grade			
	9	10	11	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Leadership:**

List student activities in which you have participated during grades 9-12 and "X" the appropriate grade levels. Limit your response to the space provided-one entry per line.

Leadership	Grade			
	9	10	11	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TO BE COMPLETED BY THE STUDENT:**

**Special Recognition, Awards, and Honors:**

List student activities in which you have participated during grades 9-12 and "X" the appropriate grade levels. Limit your response to the space provided-one entry per line.

Commendation	Grade			
	9	10	11	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Community Service:**

List student activities in which you have participated during grades 9-12 and "X" the appropriate grade levels. Limit your response to the space provided-one entry per line.

Community Service	Grade			
	9	10	11	12
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TO BE COMPLETED BY THE STUDENT:**

List intended future career endeavors:

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**TO BE COMPLETED BY THE SCHOOL:**

**Academic Record:**

*List student's grade point average during grades 9-12 and indicate the grade point range, also list the student's rank in class and indicate class size:*

Grade Point Average \_\_\_\_\_ Grade Point Range \_\_\_\_\_

Rank in Graduating Class \_\_\_\_\_ Class Size \_\_\_\_\_

ACT Score \_\_\_\_\_

Name of School Official \_\_\_\_\_

Signature of School Official \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_