



3. COUNSELOR/PRINCIPAL

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

4. REFERENCES:

List two references the committee may contact:

1. \_\_\_\_\_

2. \_\_\_\_\_

5. SCHOOL ACTIVITIES:

Summarize your school activities (for example club memberships, offices held, team participation, awards received).

6. ACADEMIC RECORD:

GPA \_\_\_\_\_ ACT COMPOSITE \_\_\_\_\_ CLASS RANK \_\_\_\_\_

7. EMPLOYMENT ACTIVITIES:

Describe your employment during the school year and summers including hours worked per week and responsibilities.

8. COMMUNITY ACTIVITIES:

List your community activities and describe your involvement in each including any awards or recognition you received (for example: church, 4-H, etc.).

9. PARENTS APPROXIMATE INCOME BEFORE TAXES: (mark with an "x")

- \_\_\_\_\_ Less than \$10,000
- \_\_\_\_\_ Approximately \$10,000 to \$30,000
- \_\_\_\_\_ Approximately \$30,000 to \$50,000
- \_\_\_\_\_ Approximately \$50,000 to \$70,000
- \_\_\_\_\_ Approximately \$70,000 to \$90,000
- \_\_\_\_\_ Approximately \$90,000 to \$110,000
- \_\_\_\_\_ More than \$110,000

CASS COUNTY MUTUAL POLICY NUMBER \_\_\_\_\_  
NAMED INSURED ON CASS COUNTY MUTUAL POLICY \_\_\_\_\_  
RELATION TO INSURED ON CASS COUNTY MUTUAL POLICY \_\_\_\_\_