

ACADEMY 2009

Junior Counselor Application Form

The ACADEMY Junior Counselor program is designed for motivated and accomplished high school students who are interested in obtaining leadership experience, college preparation and community service hours.

Name: _____	
High School: _____	Age: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Check which session(s) you are able to attend:	
<input type="checkbox"/> Session A - Grades 5 & 6 (June 14-20)	<input type="checkbox"/> Session B - Grades 5 & 6 (June 21-27)
Class Standing: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	Grade Point Average: _____
Mailing Address: _____	
City/State/Zip: _____	
Email: _____	Parent/Guardian Name: _____
Cell Phone: _____	Home Phone: _____
Date of Birth: _____ Years Attended ACADEMY (if any): _____	

Please list three personal references who can attest to your academic abilities and your personal attributes:		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Please list your clubs or outside activities:

Please list your involvement in sports:

Please list any other interests you have:

(OVER)

