

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.).

CASS COUNTY MUTUAL POLICY NUMBER _____
NAMED INSURED ON CASS COUNTY MUTUAL POLICY _____
RELATION TO INSURED ON CASS COUNTY MUTUAL POLICY _____

