

FRANKLIN B. WALTER ALL-SCHOLASTIC AWARD

APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY: (please supply all information to the best of your ability)

Applicant's Name: _____ Phone: _____ Email: _____

Parent(s) Name: _____ Phone: _____

Home Address: _____

School District: _____

District Superintendent: _____

Superintendent Address: _____

High School: _____

High School Address: _____

High School Principal: _____

Guidance Counselor: _____

City School

Local School

Exempted Village

County _____

County Educational Service Center: **Southern Ohio Educational Service Center**

Future Plans: College/University attending: _____

Major: _____

PLEASE ANSWER THE FOLLOWING ON A SEPARATE SHEET:

Activities: List extracurricular or community activities including class offices held, student government activities, athletics, music and/or theater, church activities. List the specific year for each item.

Awards: List all awards and honors received, giving specific years and reasons for each item.

Goals: In 500 words or less, discuss your short-term and long-term goals, both professional and personal.

Signature of Applicant Date: _____

Note: Students, please return your application to your Guidance Counselor no later than _____