

Summit Award Application

Sponsored by Academics for All

Please fill out the form in INK or on a computer with a printer attached. You may also attach additional sheets if necessary. Mandatory: Return your completed and signed form to Mr. Fessler's office by **Friday October 14, 2016**.

Name: _____ Email: _____

Address: _____

Parent(s) or Guardian(s) names: _____

Phone Number: _____ G.P.A. _____

Your favorite subject in school: _____

Favorite book, play, poem, or musical selection: _____

Each year we give an Outstanding Teacher award to a SHS teacher nominated by the students who apply for our Summit Award.

Who would you like to nominate for this award? _____

Please list the classes you took or are now taking. (If you can't remember everything, at least be sure to list all accelerated, AP, GATE, or other advanced classes)

Freshman	Sophomore	Junior	Senior
<i>Academic Letter?</i>	<i>Academic Letter?</i>	<i>Academic Letter?</i>	

Please list any school activities (club memberships, student council, athletic teams, performances, contests etc.) and indicate leadership roles held.

Freshman	Sophomore	Junior	Senior

Please list any community activities (volunteer, church groups, youth groups) and list leadership roles held.

Freshman	Sophomore	Junior	Senior

Please tell us about your work, your hobbies, your summer adventures, and/or other interests that aren't adequately reflected above:

College Plans: _____

Career Goals: _____

Please give us permission to obtain your class rank and GPA from the school. If you are selected for the Summit Award, you must also agree to allow us to use the information provided in your application and any information shared with us from your teachers and counselors in our newspaper and Facebook articles. Your and your parent/guardian's signatures below signify your permission/agreement.

Your signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____