

ELK'S STUDENT OF THE MONTH

SECTION I: STUDENT INFORMATION

STUDENT'S NAME _____ DOB _____ GRADE _____

ADDRESS: _____ PHONE #: _____

PARENT'S NAME: _____

PLEASE BE **COMPLETE** IN YOUR ANSWERS TO THE FOLLOWING QUESTIONS. (TYPED ONLY)

- A. LIST ALL SCHOOL CLUBS/ORGANIZATIONS YOU ARE INVOLVED IN. PLEASE INDICATE YEARS OF MEMBERSHIP IN EACH AND OFFICE HELD IF APPLICABLE. (9-12TH GRADE)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

- B. LIST ALL COMMUNITY/CIVIC/CHURCH GROUPS YOU ARE ACTIVE IN. PLEASE INDICATE THE NUMBER OF YEARS OF INVOLVMENT IN EACH AND OFFICE HELD IF APPLICABLE. (9-12TH GRADE)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

- C. LIST ALL SCHOLASTIC HONORS OR AWARDS YOU HAVE RECEIVED. INCLUDE YEAR AND NATURE OF AWARD OR HONOR. (9-12TH GRADE)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

- D. LIST ALL EXTRACURRICULAR ACTIVITIES YOU ARE INVOLVED IN. (BAND, DRAMA, SPEECH ATHLETICS, ETC.) INCLUDE NUMBER OF YEARS OF PARTICIPATION IN EACH. (9-12TH GRADE)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

- E. LIST COMMUNITY AND/OR CIVIC PROJECTS YOU HAVE PARTICIPATED IN. (9-12TH GRADE)

1. _____ 3. _____
2. _____ 4. _____

- F. PLEASE ADD ANY ADDITIONAL INFORMATION ABOUT YOURSELF YOU WOULD LIKE TO SHARE WITH THE SELECTION COMMITTEE.

SECTION II. TEACHER RECOMMENDATION FOR _____

STUDENT'S NAME

TEACHER'S NAME

TIME YOU HAVE KNOWN STUDENT

	<u>SUPERIOR</u>	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>
ACADEMIC PERFORMANCE	_____	_____	_____
SELF-DISCIPLINE	_____	_____	_____
LEADERSHIP	_____	_____	_____
EXTRACURRICULAR INVOLVEMENT	_____	_____	_____

PLEASE ADD ANY ADDITIONAL COMMENTS REGARDING THE STUDENT AND HIS/HER QUALIFICATIONS FOR ELK'S STUDENT OF THE MONTH.

SECTION III. COUNSELOR RECOMMENDATION

	<u>SUPERIOR</u>	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>
ACADEMIC PERFORMANCE	_____	_____	_____
EMOTIONAL MATURITY	_____	_____	_____
INTEGRITY	_____	_____	_____
PERSONAL INITIATIVE	_____	_____	_____

ADDITIONAL COMMENTS:

COUNSELOR'S NAME

IF YOU DESIRE TO SHARE YOUR CLASS RANK AND GPA WITH THE SELECTION COMMITTEE, PLEASE HAVE YOUR PARENT/GUARDIAN SIGN THE ATTACHED RECORDS RELEASE FORM AND YOUR COUNSELOR WILL COMPLETE THIS SECTION.

CLASS RANK _____

GPA _____

**REQUEST FOR RELEASE OF RECORDS
EL CAMPO HIGH SCHOOL**

FIRST NAME MIDDLE NAME LAST NAME MAIDEN NAME

RECORD REQUESTED

_____ TRANSCRIPT

SEND RECORDS TO:

_____ CLASS RANK

_____ GPA

ELK'S STUDENT OF THE MONTH PROGRAM

NAME OF ORGANIZATION

PURPOSE OF REQUEST:

_____ SCHOLARSHIP

_____ COLLEGE ADMISSION

_____ EMPLOYMENT

_____ OTHER ELK'S S-O

BIRTHDATE

PRESENT GRADE

TODAY'S DATE

I CERTIFY THAT I AM:

_____ EIGHTEEN YEARS OF AGE OR MORE

_____ PARENT OR GUARDIAN OF THE ABOVE STUDENT

SIGNATURE OF STUDENT (IF 18) _____

OR

SIGNATURE OF PARENT GUARDIAN _____