Scholar Athlete Leader Criteria

NAME: _____   DATE: _____
　　　　　(LAST NAME, FIRST NAME MI)　　　　　　　　　　　　　(DD/MM/YYYY)

ACAD CL: _____   MS CL: _____
　　　　(FR, SO, JR, SR, SR+)　　　　　　　(I, II, III, IV, V, VI, CC)

HIGH SCHOOL CRITERIA

1. Were you a Valedictorian or Salutatorian? Yes / No If yes, which one? _____

2. Were you a member of a National Honors Society? Yes / No If yes, which one? _____

_____

3. What was your High School GPA? _____

4. What was your SAT / ACT score? SAT _____ / ACT _____

5. Were you in the top 10% of your class? Yes / No

6. Did you letter in a sport? Yes / No If yes, which one? _____

7. Were you in a leadership role (team captain, etc.)? Yes / No If yes, which one(s)? _____

_____

8. Did you play at an all district conference or state? Yes / No If yes, which one? _____

_____

9. Did you play in a regional or city competitive league? Yes / No If yes, which one? _____

_____

10. Were you an elected member of a student government, class leader, or activity leader? Yes / No

If yes, which one? _____

11. Were you an Eagle Scout of Gold Star? Yes / No If yes, which one or both? _____

_____

12. Did you serve in a leadership role or hold a position of responsibility in a school club or private
organization? Yes / No If so, which one(s)? _____

_____

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COLLEGE CAMPUS CRITERIA

1. Are you in the Honors program? Yes / No If yes, which one? _____

2. What is your Cumulative GPA? _____

3. What is your Academic Major? _____

4. Are you a member of a college athletic team or intramural team? Yes / No If so, which one(s)?
_____

5. Are you a member of a competitive city or regional team, or individual sport? Yes / No If yes, which one(s)? _____

6. Are you a member of the Student Government or Activity? Yes / No If so, which one(s)? _____

_____

7. Are you Captain of an athletic or academic team? Yes / No If so, which one(s)? _____

_____

8. Are you prior service (Active, Reserves or National Guard)? Yes / No If so, which one(s)? _____

_____

9. Do you own a business or are you in a supervisory position at work? Yes / No If so, explain: _____

_____

10. Are you a member of a volunteer service organization? Yes / No If so, which one(s)? _____

_____

Please list your contact information:
EMAIL: _____
TELEPHONE NUMBER: _____
MAILING ADDRESS: _____