WALL OF DISTINCTION APPLICATION

Directions: Senior student is to complete this form including all signatures and turn in to Mrs. Brown by the last Friday in March to be considered the Wall of Distinction. An application must be completed and submitted to be considered for the Wall of Distinction. A completed application does not guarantee a student will be selected for the Wall of Distinction.

____________________     ______________________________     ______________________________     __________
Student #   Last Name                  First Name            Grade

I. Class Rank Percentile (from transcript) _______________
   ACT/SAT Composite Percentile (whichever is higher) ___________
   Counselor Signature _________________________________________

II. # of AP Exams Score 4 or Higher _______________
    AP Coordinator Signature ______________________________________

III. # of Extra-curricular Activities _______________ (includes student council, National Honor Society, athletics, music, drama, journalism, ROTC, robotics, other clubs, collect signatures from each coach/sponsor, 4 or more only require 4 signatures)
    Coach/Sponsor Signature _______________________________________
    Coach/Sponsor Signature _______________________________________
    Coach/Sponsor Signature _______________________________________
    Coach/Sponsor Signature _______________________________________

    National Recognition Description (if applicable) _____________________
    Coach/Sponsor Signature _________________________________________

    State Place Winner Activity (if applicable) _________________________
    Coach/Sponsor Signature _________________________________________

    State Qualifier Activity (if applicable) _____________________________
    Coach/Sponsor Signature _________________________________________

    Club Officer/Team Captain Activity (if applicable) _____________________
    Coach/Sponsor Signature _________________________________________

IV. # of Behavior Incidences _______________
    Administrator Signature _________________________________________

Briefly describe plans for after high school:

____________________     ______________________________     ______________________________     __________
Student Signature   _________________________     Parent/Guardian Signature   _________________________     Date   ______________