



APPLICATION

Type required information into each field of this form.

SCHOOL SITE BESE REPRESENTATIVE:	BESE REGION NUMBER:	TYPE OF SCHOOL:
APPLICANT'S NAME: <i>(First Middle Last)</i>		GRADE: <i>(5, 8, or 12)</i>
HOME ADDRESS:		
CITY:	STATE: Louisiana	ZIP:
PARENT/GUARDIAN NAME(S):		
HOME PHONE:	PARENT CELL PHONE:	PARENT WORK PHONE:
PARENT EMAIL:		
SCHOOL NAME:		
PRINCIPAL'S NAME:		PRINCIPAL'S EMAIL:
SCHOOL MAILING ADDRESS:		SCHOOL PHONE:
CITY:	STATE: Louisiana	ZIP:
SCHOOL SYSTEM:		SCHOOL SYSTEM SUPERINTENDENT/CEO NAME:

PARENT OR GUARDIAN'S STATEMENT: In accordance with La. R.S. 17:3914 (Louisiana Student Privacy Act), I hereby grant permission for my child to participate in the Louisiana Students of the Year Awards Program. I further authorize access and use of any school records and demographic information necessary for this competition and the subsequent press release information about this competition concerning my child to the universities and to the news media.

PARENT OR GUARDIAN'S NAME TYPED:	PARENT OR GUARDIAN'S SIGNATURE: X
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STUDENT'S STATEMENT: I certify that the information on this application is correct and that all work submitted by me during this competition is indeed mine.

DATE:	APPLICANT'S SIGNATURE: X
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LIST OF LEADERSHIP, ACTIVITIES, RECOGNITION, & AWARDS

LEADERSHIP: List all elected or appointed leadership positions held in the school and community. Only those positions in which you were directly responsible for directing or motivating others should be included (e.g. elected student body, class or organization officer [BETA, NHS, FFA, Skills USA, JAG, FBLA, FCA, Drama, etc.], committee chairperson, team captain, community leader, etc.).

All students must complete this section, if applicable.

SCHOOL ORGANIZATION LEADERSHIP POSITION	YEAR	ACTIVITY OR ORGANIZATION

EXTRA-CURRICULAR LEADERSHIP POSITION	YEAR	ACTIVITY OR ORGANIZATION

COMMUNITY LEADERSHIP POSITION	YEAR	ACTIVITY OR ORGANIZATION

[illegible]

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[illegible]



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