

EXTRACURRICULAR INFORMATION FORM

(do not provide attachments, extracurricular activities need to be filled in each numerical section below)

Name of Applicant:	
Please list below, using additional paper if necessary, your:	
1. Special awards and honors, with dates.	
2. School and outside club memberships and activities, noting leadership positions and honors rec with dates.	eived,
3. Employment, both after school and in summer, with dates and hours per week.	

Congressman Mike Thompson, 2300 County Center Drive, Suite A100, Santa Rosa CA 95403 1 Phone (707) 542-7182 Fax (707) 542-2745

4. Volunteer involvement, with dates and hours per week.	
5. School athletics (note captain, varsity, letter, MVP, all-league, etc.), with dates.	
6. Out-of-school recreational activities, with dates.	
After you complete your list, give this form of your counselor for certification and so	
form in a sealed envelope, signed across the flap, and return it to the applicant for in the complete application packet. Thank you.	=

Name ((signature)	Date			
Title		Te	lephone		