

OCA-STL YOUTH LEADERSHIP AWARD APPLICATION FORM

A. General Information

1. Student Name: _____
2. DOB: _____ 3. Gender (M/F): _____
4. Address: _____
Street City/State/Zip
5. Phone #: _____
6. Email Address: _____
7. Father's Name: _____ Mother's Name: _____

B. School Activities and Community Service

1. Current School: _____ 2. Year in School: _____
3. GPA: _____ On A _____ Point Scale
4. Psat/SAT or ACT Score: verbal _____ / _____ Quantitative _____ / _____
Psat/SAT ACT

5. Awards/Honors/ Recognition You Have Received Since 9th Grade.

_____	_____
_____	_____
_____	_____

6. Extracurricular Activities/Community Service in High School

_____	_____
_____	_____
_____	_____

7. I Hereby Certify That All Information Provided Here is Accurate

Applicant Signature _____ Date _____

Signature of School Principal or Counselor _____ Date _____