

**APPS PROGRAM**  
Advanced Placement Power Scholars  
Clarksburg High School

**FORM 4: LIST OF REFERENCES AND EXTRA-CURRICULAR VERIFICATION**

Student Name: \_\_\_\_\_

**List of References**

Please provide the names of **three** teachers to whom you have given the recommendation forms (Form 3). Recommendations must be from teachers of seventh/eighth grade courses. The recommendations may be in the content areas of English/Language Arts, Math, Science, Social Studies or World Languages.

Teachers given recommendation forms:

1. Teacher's Name \_\_\_\_\_ Subject \_\_\_\_\_
2. Teacher's Name \_\_\_\_\_ Subject \_\_\_\_\_
3. Teacher's Name \_\_\_\_\_ Subject \_\_\_\_\_

**Extra-Curricular Verification**

Please list below all of your organized in-school or out-of-school activities. Activities may include academic clubs, sports teams, music lessons, art lessons or religious studies. Record the name of each activity, dates of participation and sponsor/coach so we can verify your participation if necessary. Include activities you participated in during 7<sup>th</sup> and 8<sup>th</sup> grades only.

<b>Name of Activity</b>	<b>Grade(s)</b>	<b>Dates of Participation</b>	<b>Sponsor/Coach</b>
<i>Example:</i> <b>Community Soccer Team</b>	7/8	9/2012 – 11/2013 9/2014 - 5/2015	<i>Name (print)</i>

\*if you are a student applying to APPS as a 9<sup>th</sup> grader, please list the last two years of extra curricular activities.