

**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 academic 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 \_\_\_\_\_
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**Extra-Curricular Verification**

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

Name of Activity	Grade	Dates of Participation	Total time for activity	Sponsor/Coach
<i>Example:</i> <b>Tennis Practice</b>	<b>8</b>	<b>9/2/06- 5/25/08</b>	<b>20 hrs</b>	<i>Name (print)</i>
		<b>Total activity hours:</b>		

\*if you are a transfer student not entering in 9th grade, please list the last two years of extra curricular activities.