

Nancy Krenek Memorial

Full Name _____ Social Security # _____

Home Address _____

Phone # _____

E-mail _____

D.O.B. _____

Father's Name and Occupation _____

Mother's Name and Occupation _____

GPA _____

College or Trade School you plan to attend _____

Describe any work experience you have.

What is your goal in life?

TURN IN TO GUIDANCE OFFICE

DUE DATE-April 1st