

4.

| PROJECT TO PROMOTE CAREER EDUCATION | NUMBER OF HOURS | TEACHER SIGNATURE |
|-------------------------------------|-----------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

5.

| COMMUNITY SERVICE PROJECT | NUMBER OF HOURS | TEACHER SIGNATURE |
|---------------------------|-----------------|-------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

6. Have you received an award jacket from another organization or activity?
_____Yes _____No

7. Your signature below indicates that the information on this application is a reflection of your best efforts; is accurate; and that you have taken the responsibility and time to organize a quality application.

Student Signature: _____ *Date:* _____

8. Recommending teacher by signing this application you are certifying this student meets the qualification criteria. Please review application criteria and student application carefully before signing.

Recommending Teacher: _____ *Date:* _____

It is the policy of McAllen ISD not to discriminate on the basis of sex, handicap, race, color or national origin in its educational or career technical program activities or employment as required by Title IX, Section 504 and Title VI. The district will take steps to insure that lack of English language skills will not be a barrier to admission or participation in any educational or career technical program.