

Epsilon Sigma Alpha

INTERNATIONAL®

OUTSTANDING JUNIOR HIGH YOUTH AWARD PERMISSION FORM

TO BE COMPLETED BY PARENT OR GUARDIAN*

Name of Student: _____

Name of School: _____

Grade Currently Enrolled In: _____

Student's Social Security Number: _____ (Required to Issue Savings Bond)

Because we feel the involvement of parents is very important in the selection of our Outstanding Junior High Youth, we invite you to share with us an insight into the life of your student. We feel the student's life outside of school activities is a vital part of their well being and we ask you to share your expertise on the following subjects:

1. **LEADERSHIP:** How well does your son/daughter accept responsibility and what leadership qualities does he/she display?
2. **COMMUNITY SERVICE:** Share with us some of the projects your son/daughter is involved within your community. (Example: scouting, aid to the handicapped, community drives, etc.)
3. **PERSONALITY:** Is your son/daughter courteous and well mannered? How do his/her peers accept him/her? Is your son/daughter respectful of others? What qualities make your son/daughter so special?
4. **ACADEMIC/EXTRACURRICULAR ACTIVITIES:** Does your son/daughter have a job? (Example: newspaper route, babysitting, candy-striper, etc.) Please list all academic and extracurricular activities your child participates in. (Example: clubs, sports, student council / student government, etc.)
5. **AWARDS AND HONORS:** Please list all awards and honors received by your son/daughter.
6. **FAMILY AND CHURCH ACTIVITIES:** Please tell about your son's/daughter's involvement with church youth activities and his/her life at home. (Example: helping with chores, siblings, etc.)
7. **PHOTOGRAPH:** Please attach a recent photograph of your son/daughter.

We, the parents of _____ do hereby give our permission for our son/daughter to be entered in the Epsilon Sigma Alpha International Outstanding Junior High Youth Award competition. We do further certify that all facts in this application are true to the best of our knowledge.

Date: _____

Date: _____

**May be completed by parents and teachers.*