



EPSILON SIGMA ALPHA

OUTSTANDING SENIOR HIGH YOUTH AWARD

Criteria for Selection:

A. Character

B. Leadership

C. Scholastic Ability

Name of Applicant: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Age: _____ Gender: Female Male Home Telephone: () _____

Name of Parent or Guardian : _____

Address: _____

High School GPA: _____ Composite ACT (minimum 22): _____

Combined SAT Score (minimum 1030 – Verbal & Math) _____

All applications must be submitted in English and all transcripts must be certified.

ALL SENIOR HIGH SCHOOL STUDENTS ARE ELIGIBLE TO APPLY. The section below is to be completed and signed by the individual and/or ESA chapter sponsoring their application.

I/We do hereby submit the name of _____ as our entry in competition for the Epsilon Sigma Alpha International Outstanding Senior High Youth Award.

Individual Name or ESA Chapter Name& Number: _____

Signed: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Numbers: _____ (Day) _____ (Evening)

E-Mail Address: _____

Deadline for documents to be sent to State Senior High Youth Award Chairman is Feb 1.

Deadline: March 1 (State chairman forwards to Intl.)