FORM
4

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 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 _____

Extra–Curricular Verification

Please list below all of your organized in-school or out-of-school activities. Activities may include academic clubs, sports teams, music lessons, art lessons or religious studies. Record the name of each activity, dates of participation and sponsor/coach so we can verify your participation if necessary. Include activities you participated in during 7th and 8th grades only.

Name of Activity	Grade(s)	Dates of Participation	Sponsor/Coach
Example: **Community Soccer Team**	**7/8**	**9/2015 – 11/2016** **9/2016 - 5/2017**	***Name (print)***

*if you are a student applying to APPS as a 9th grader, please list the last two years of extra curricular activities.