

# Scholar Athlete Leader Criteria

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(LAST NAME, FIRST NAME MI) (DD/MM/YYYY)

ACAD CL: \_\_\_\_\_ MS CL: \_\_\_\_\_  
(FR, SO, JR, SR, SR+) (I, II, III, IV, V, VI, CC)

## HIGH SCHOOL CRITERIA

1. Were you a Valedictorian or Salutatorian? Yes / No If yes, which one? \_\_\_\_\_
2. Were you a member of a National Honors Society? Yes / No If yes, which one? \_\_\_\_\_  
\_\_\_\_\_
3. What was your High School GPA? \_\_\_\_\_
4. What was your SAT / ACT score? SAT \_\_\_\_\_ / ACT \_\_\_\_\_
5. Were you in the top 10% of your class? Yes / No
6. Did you letter in a sport? Yes / No If yes, which one? \_\_\_\_\_
7. Were you in a leadership role (team captain, etc.)? Yes / No If yes, which one(s)? \_\_\_\_\_  
\_\_\_\_\_
8. Did you play at an all district conference or state? Yes / No If yes, which one? \_\_\_\_\_  
\_\_\_\_\_
9. Did you play in a regional or city competitive league? Yes / No If yes, which one? \_\_\_\_\_  
\_\_\_\_\_
10. Were you an elected member of a student government, class leader, or activity leader? Yes / No  
If yes, which one? \_\_\_\_\_
11. Were you an Eagle Scout or Gold Star? Yes / No If yes, which one or both? \_\_\_\_\_  
\_\_\_\_\_
12. Did you serve in a leadership role or hold a position of responsibility in a school club or private organization? Yes / No If so, which one(s)? \_\_\_\_\_  
\_\_\_\_\_

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## COLLEGE CAMPUS CRITERIA

1. Are you in the Honors program? Yes / No If yes, which one? \_\_\_\_\_
2. What is your Cumulative GPA? \_\_\_\_\_
3. What is your Academic Major? \_\_\_\_\_
4. Are you a member of a college athletic team or intramural team? Yes / No If so, which one(s)?  
\_\_\_\_\_
5. Are you a member of a competitive city or regional team, or individual sport? Yes / No If yes, which one(s)? \_\_\_\_\_
6. Are you a member of the Student Government or Activity? Yes / No If so, which one(s)? \_\_\_\_\_  
\_\_\_\_\_
7. Are you Captain of an athletic or academic team? Yes / No If so, which one(s)? \_\_\_\_\_  
\_\_\_\_\_
8. Are you prior service (Active, Reserves or National Guard)? Yes / No If so, which one(s)? \_\_\_\_\_  
\_\_\_\_\_
9. Do you own a business or are you in a supervisory position at work? Yes / No If so, explain: \_\_\_\_\_  
\_\_\_\_\_
10. Are you a member of a volunteer service organization? Yes / No If so, which one(s)? \_\_\_\_\_  
\_\_\_\_\_

Please list your contact information:

EMAIL: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_