

# OCA-STL YOUTH LEADERSHIP AWARD APPLICATION FORM

## A. General Information

1. Student Name: \_\_\_\_\_
2. DOB: \_\_\_\_\_ 3. Gender (M/F): \_\_\_\_\_
4. Address: \_\_\_\_\_  
Street City/State/Zip
5. Phone #: \_\_\_\_\_
6. Email Address: \_\_\_\_\_
7. Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

## B. School Activities and Community Service

1. Current School: \_\_\_\_\_ 2. Year in School: \_\_\_\_\_
3. GPA: \_\_\_\_\_ On A \_\_\_\_\_ Point Scale
4. Psat/SAT or ACT Score: verbal \_\_\_\_\_ / \_\_\_\_\_ Quantitative \_\_\_\_\_ / \_\_\_\_\_  
Psat/SAT ACT

5. Awards/Honors/ Recognition You Have Received Since 9<sup>th</sup> Grade.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Extracurricular Activities/Community Service in High School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. I Hereby Certify That All Information Provided Here is Accurate

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Principal or Counselor \_\_\_\_\_ Date \_\_\_\_\_