

*Augusta Independent School District*  
*Work Ethic Seal Program Application*

2019



2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please select two (2) of the following categories you participated in:

- Organized Sport(s)
- Part-Time Employment (10 hours per week for 4 consecutive months during school or a minimum of 20 hours per week during the summer months)

Place of Employment: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Extracurricular Program(s) (band, drama, school clubs, etc.)
- Verifiable Community Service Project (Pre-approved by admin.)

Project Name: \_\_\_\_\_

Completion Dates: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Guidance Counselor Signature: \_\_\_\_\_ Verification Date: \_\_\_\_\_

\*\*\*Please return this form to your guidance counselor\*\*\*