

GTV Application

Goshen High School

Instructor Use Only



INTERVIEW NOTES:

Please Type or Print:

NAME OF STUDENT: _____ (Last) _____ (First) _____ (M.I.) Junior _____ Senior _____

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

HOME PHONE _____ CELL PHONE _____ AGE _____

FATHERS NAME _____ PHONE _____

MOTHERS NAME _____ PHONE _____



SUBJECTS YOU LIKE BEST _____

SUBJECTS YOU LIKE LEAST _____

DO YOU PLAN TO ATTEND COLLEGE? _____ WHERE? _____ INTENDED MAJOR _____

LIST THE ACTIVITIES YOU PARTICIPATED IN DURING HIGH SCHOOL (in or out of school)

BRIEFLY EXPLAIN WHY YOU WANT TO BE ON THE GTV TEAM _____

WHAT DO YOU SEE YOURSELF DOING AS A CAREER 5 YEARS FROM NOW? _____

IN WHAT TYPE OF AREA DO YOU WANT TO WORK IN, FOR THIS CLASS & WHY? (be specific)

WHAT GHS COURSES HAVE YOU TAKEN THAT WOULD APPLY TO JOINING GTV?

LIST THREE TEACHERS THAT KNOW YOU WELL, AND WOULD SERVE AS A REFERENCE FOR YOU.

1) _____ 2) _____ 3) _____

PAPER CLIP THE FOLLOWING ITEMS TO THIS APPLICATION:

- 1) A picture of yourself (school picture, copy of driver's license, etc.)
- 2) Photocopy of your attendance record
- 3) Photocopy of your last semesters grades

IF YOUR APPLICATION IS APPROVED: (YES OR NO)

- WILL YOU HAVE GOOD ATTENDENCE? _____
- WILL YOU ABIDE BY ALL RULES AND REGULATIONS OF GTV? _____
- WILL YOU AGREE TO COMIT TO BEING A TEAM PLAYER? _____
- WILL YOU REPRESENT GOSHEN HIGH SCHOOL & GTV N A POSITIVE MANNER? _____

SIGNATURE: _____ DATE: _____
(Student) (Parent/Guardian)

PAPER-CLIP AND RETURN ALL MATERIALS TO MR. FARMWALD OR MR. ZUBER BY MAY 5 IN ORDER TO BE CONSIDERED FOR THE PROGRAM