

Cooperative Marketing Student Application

Directions: Complete the following information. Turn this completed form in to Mrs. Johnson in Room 403. Give the two teacher recommendation forms to two teachers of your choice. Teachers should complete these forms and return them to my mailbox in the teacher's lounge. No teacher recommendation forms will be accepted from students

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Absences Last Semester: _____ GPA: _____ Grade (current): _____

Are you employed? YES NO If yes, where? _____

Have you ever worked in the Cookie Site? YES NO If yes, when? _____

Are you a member of DECA? YES NO

If yes, explain involvement : _____

References

Please list three references. These can be teachers, community members, friends, or family.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment in the class, I understand that false or misleading information in my application may result in my release.

I understand that a requirement of the course is enrollment in and involvement in DECA.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____