



Official Application

Application Deadline: Thursday, October 25, 2007

Name _____

Social Security Number ____ - ____ - ____

Home Address _____

Home Phone # () ____ - ____

Parents/Guardians _____

Daytime Phone # () ____ - ____

Personal E-mail _____ Cell Phone # () ____ - ____

School Name/
Address _____

School Phone # () ____ - ____ School E-mail _____

High School GPA _____

SAT Score _____

ACT Score _____

For the following, please attach additional list if necessary

Memberships in Organizations _____

Offices Held in Organizations _____

Honors and/or recognition received _____

Community Activities _____

Leadership activities _____

College/Technical School you prefer to attend _____

Shirt size (please circle one) S M L XL XXL XL tall XXL tall

Applicant Signature _____

School Official Signature _____

Please enclose at least one letter of recommendation.

Please e-mail, mail or fax this Application to:

**Jackson EMC
C/O T. Kay Parks
P.O. Box 38; Bldg 1000
Jefferson, GA 30549
Fax: (706) 367-6451
kparks@jacksonemc.com**