

**PARRISH COMMUNITY HIGH SCHOOL  
STUDENT GOVERNMENT ASSOCIATION  
APPLICATION  
2023-24**



Name		DO NOT WRITE IN THIS SECTION	
Current School / Grade			
Cell Phone		Applicant Number	
Email		Total Points	
T-shirt Size		Recommendation	

**What is SGA? At PCHS we will look to our SGA to be the leadership body of our new high school. Our SGA will assist administration in making crucial school decisions and plan events for the school and community. SGA takes time and dedication. In return, it will assist you in developing your leadership skills and give you opportunities that will help prepare you for life after high school. We need a strong group of students who are ready to take on this challenge. Make sure to apply!**

***\*\*Please submit SGA Applications to Ms. Nelson (RM 5-120)\*\****

***Teacher recommendation forms (last page) and applications are due by  
March 20<sup>th</sup>, 2023***

*The selection of applicants will be based upon your responses to this application, Teacher Reviews, as well as interviews that will be and scheduled conducted. Please write legibly and provide accurate information.*

Current Cumulative GPA (weighted) \_\_\_\_\_

Can you attend required events outside of regular school hours? *Yes/No*

Do you have any disciplinary infractions at this school? *Yes/No*

*\*\*If yes, please explain:*


**Even if you answered No to the above question, all applicants must obtain a signature from a Dean/Administrator at your current school verifying the above information regarding disciplinary infractions.**

Dean/Admin Signature: \_\_\_\_\_

***Additional Comments for us to consider:***


***I have read and understand the above statement regarding the application and interview process for PCHS SGA applicants. I understand that the minimum Grade Point Average to be considered for acceptance into SGA is a 3.0 and failure to meet this minimum will cause my application to not be reviewed. I affirm that the information on the following form is accurate to the best of my knowledge. I understand that returning this packet does not guarantee invitation to be a member but places my name into consideration for membership.***

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

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Teacher Recommendations** (Teachers, please fill out and return. Please DO NOT allow applicant to see your responses. Please place forms in Ms. Nelson's mailbox). *The opinions of those who commonly interact with a leader are extremely valuable in assessing the effectiveness of one's leadership abilities. The following boxes are to be filled out by two teachers at your current school.*

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

	Below Average	Average	Above Average	Exceptional
Maturity				
Motivation				
Productive Class Discussion				
Concern for Others				
Creativity				
Leadership				
Attendance				

How long have you known the student: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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

Teacher Signature: \_\_\_\_\_

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How long have you known the student: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Teacher Name \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

