



2018-2019 APPLICATION FORM

First:	M.I	Last	
Email:			
Program 🗖 CABAM	☐ CWMP	☐ Journalism	☐ Theater
expected Graduation Date (r	mo/yr)	Absences:	Tardies:
Cumulative GPA:		Cumulative CTE GPA:	
TE Teacher Name (print)			
CTE Teacher Signature		Date:	
☐ FBLA	☐ HOSA	□ NHS	☐ Tri M
STANDARDS OF CONDUCT	& MEMBERSHIP AUTHORIZA	ATION	
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