

Information Sheet

Name: _____ DOB: _____

Email Address: _____ Contact Number: _____

Grade: _____ School: _____

Do you have siblings? _____ If so, list them.

Name/Age

What extracurricular activities are you involved? _____

What is your strongest subject? _____ What is your weakest? _____

What do you plan to do after graduation? _____

Do you plan to join the armed forces? _____ What branch? _____

Do you plan to attend college? _____ Which college? _____

What would you like to do for a living? _____

What is your favorite book? _____

What is your favorite food? _____

What do you like to do during your free/leisure time? _____

What one person alive that you would like to meet? _____

Is this person your mentor--if not, who? _____

Do you use social media? If so, which media (Twitter, Facebook etc.)? _____

Do you use technology? (i.e., smartphones, computers) _____ For what purpose(s)?
