

# The Application

## Personal Information – Please print clearly. Use black or blue ink only or type.

Full legal name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Other\_\_\_\_ High School \_\_\_\_\_

## Academic Performance – An official school transcript must be included with application.

Class Rank, if applicable: \_\_\_\_\_ out of \_\_\_\_\_ High School Grade Point Average (GPA) \_\_\_\_\_  
College Entrance Test Composite Scores, if applicable: ACT \_\_\_\_\_ SAT \_\_\_\_\_  
To what institutions or schools have you applied? Please list: \_\_\_\_\_  
\_\_\_\_\_

## School Safety Patrol Experience

At what school did you serve as a School Safety Patrol member? \_\_\_\_\_ What year(s)? \_\_\_\_\_  
Name the teacher or principal who supervised the Safety Patrol program where you served \_\_\_\_\_

## Activities – Additional information may be attached to the application.

School activities you have participated in: \_\_\_\_\_  
\_\_\_\_\_  
Out-of-school activities you have participated in: \_\_\_\_\_  
\_\_\_\_\_  
Special awards or honors: \_\_\_\_\_  
\_\_\_\_\_

## References – A written letter of reference from one of your three names must accompany your application.

List the names and addresses of three references, excluding family members.

1: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
2: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
3: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Certification – This section must be completed and signed in order to be eligible.

I affirm that the information on this application is accurate, to the best of my knowledge.

Please Print: Guidance Counselor/Other School Official (Full Name) \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

X \_\_\_\_\_  
Signature of Counselor/School Official

X \_\_\_\_\_  
Signature of Student Applicant

Completed application packets must be submitted to:  
**AAA Ohio Auto Club, Attn: Gerry Bartlebaugh**  
**100 Rosa Parks Dr., Akron OH 44311.**

**Materials must be postmarked no later than**  
**Friday, February 24, 2023.**

Name and address of local newspaper

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