TIMPANOGOS HIGH SCHOOL PACK Application

Name:	Current Grade Level		
Address:	City:	Zip:	
Cell Number:	Current School:		
Student Email:			
Contact Parent Name:	Cell:		
Parent Email:			
The application p	HIS SECTION CAREFULLY A process and information about PACK erns, please contact Mrs. Bretzing by		
	Complete the application form and return it to the Front Office no later than March 23th by 3:00 pm. If you mail in the application, use the following address. Timpanogos High School Attn: Robyn Bretzing 1450 North 200 East Orem, Utah 84057		
4. Participate in a 5 MINUTE INT		pplication. interview time after the application	
 (optional). It will cost approximately PACK members will purchas \$90. There is also a T-shirt & part Being a member of PACK place before, during and after available to give before apply Sub4Santa, Penny Wars, Moneyents, monthly birthday rec Should you be selected as a class that meets during B1 	mer leadership retreat and all PACK ximately \$190. se a TEAM jersey to help identify us ticipation fee of \$40. is a serious commitment to THS as a serious commitment to THS as a school and on some weekends. Playing for PACK. PACK activities in DRP, Midnight Madness Tournamen cognition and event reviews. In member of PACK, you will be rewith Ms. Bretzing!	nd its students. PACK activities take ease consider the time you have clude: Homecoming Carnival, its, making posters, attending school quired to enroll in the Peer Leaders	
• I have read, understood, and a	greed to the information stated on this	application.	
Student Signature :	Parent Signa	iture:	

<u>Directions:</u> Please answer the following questions using as much detail as possible. Feel free to use another sheet of paper if necessary. *Typed applications are preferred!!*

Good LuckGO T-WOLVES!!			
Make sure you include a picture of yourself with this application!			
	ou are invited to include anything else with your application packet that will help us make a more informed cision in the selection process.		
7.	Why do you want to be a part of PACK?		
6.	What are your weaknesses in working with others?		
5.	What are your strengths in working with others?		
4.	What is your current GPA? Why is education important to you?		
3.	In what other programs (sports, clubs, jobs, drama, etc) do you plan on participating in during the next school year?		
2.	What leadership positions have you held in the past that would be beneficial to our program?		
1.	What skills or qualities do you have that would make you a valuable member of PACK? (We are specifically looking for individuals with artistic abilities, video production skills, computer skills, leadership skills, creativity, etc.)		

PACK STUDENT LEADERSHIP Teacher Recommendation Form

Please put your completed recommendation form in a sealed envelope and return it to the student to put with their application materials or send through district mail to: THS / ATTN: Ms. Bretzing

Student:	
Recommending Teacher:	/ Subject:
Email:	Name of school:
How long have you known this student?	
Please rate the PACK Candidate in the follo	owing areas:
DEPENDABILITY	
ATTENDANCE	
LEADERSHIP SKILLS	
INITIATIVE	
FOLLOW THROUGH	
ORGANIZATION	
TRUST/INTEGRITY	
BEHAVIOR	
Please include some SPECIFIC comments about	ut this student that will aid in the selection process.
Teacher Signature:	Date:

Thanks for your time in completing this recommendation form. Your comments are very helpful in selecting the best students for our leadership team!