



Sleeping Lady Mountain Lions Club
18344 Eagle River Road
Eagle River, AK 99577

Personal Information

Last Name: _____ First Name: _____ Middle: _____
Mailing Address: _____
Resident Address: _____
Telephone: _____
Number of years Attended School in Alaska: _____ In Eagle River/Chugiak Area: _____
Current GPA: _____

Family Information

Mother's Name: _____
Mailing Address: _____
Occupation: _____
Father's Name: _____
Mailing Address: _____
Occupation: _____
Is either parent active or retired military? _____
Number of siblings: _____ Ages: _____ Number of siblings in college: _____

Employment History

Employer:	Address:	Type of Work:	
Dates:			
Volunteer History			
Organization	Contact Name/Phone Number	Type of Service	Dates

**School Activities
Awards**

Out of School Activities Honors and

Please use this space for any additional information you feel is pertinent that you would like to share with the Sleeping Lady Mountain Lions Club, or attach a separate piece of paper.

College Information

Name of college/school attending: _____ Number of years completed: _____
Major area of study: _____ Current GPA (official school transcript required)

