

CHEER SQUAD APPLICATION

ANGELINA COLLEGE

c/o Jim Twohig, Dean of Student Services
P. O. Box 1768
Lufkin, TX 75902-1768
(936) 633-5292, fax (936) 633-5247

ATTACH
PHOTO
HERE

Notice to
Applicants

Angelina College does not discriminate on the basis of race, color, sex, age,
national origin, or disability.

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NAME: _____ SOC. SEC. # _____ / _____ / _____
Last First Middle

Have you ever attended ANY school under another name? Yes NO
If YES, What Name(s)? _____

ADDRESS: _____ PERMANENT ADDRESS: _____
City ST Zip City ST Zip

HOME PHONE: () _____ ALTERNATE PHONE: () _____

DATE OF BIRTH: ____ / ____ / ____ E-MAIL: _____

THE FOLLOWING DEMOGRAPHIC INFORMATION IS REQUESTED (DISCLOSURE IS OPTIONAL):
ETHNICITY: _____

1-AFRICAN AMERICAN 2-ASIAN AMERICAN 3-CAUCASIAN 4-MEXICAN AMERICAN 5-NATIVE AMERICAN 6-PUERTO RICAN 7-OTHER HISPANIC

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HIGH SCHOOL: _____ GRADUATED: YES NO
(Name of School & Location)

YEAR GRADUATED: _____

COLLEGE: _____ GRADUATED: YES NO
(Name of School & Location)

SEMESTER HOURS EARNED: _____ MAJOR: _____

Have you been accepted for enrollment at Angelina College? YES NO

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List all awards, honors, and achievements related to cheerleading/dance:

List high school honors, organizations, and activities:

Have you ever attended a cheer/dance camp? Yes No WHERE?

Complete the back of application

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Names: _____

Address: _____

Phone: () _____

REFERENCE: (the Director/Coach of the Team/Squad of which you were last a member)
Please attach a letter of recommendation.

Name _____ Phone _____ Address _____

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Name and address of insurance carrier.

Type of coverage and date of expiration.

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Do you plan to live in the dorms?

Yes No

Do you plan to be employed if selected as a Cheer Squad member?

Yes No

Are you presently employed?

Yes No

Will you need, and have you applied for financial assistance?

Yes No

List any physical disabilities or limitations:

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Write a short rationale explaining why you would like to be selected as a member of the Angelina College Cheer Squad. (You may attach a separate sheet if needed.)

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I certify that the above statements are true and correct and authorize the Student Services office and/or the Angelina College Cheer Squad Director to request my grades and transcripts from the college for squad membership purposes.

Signature of Applicant

_____/_____/_____
Date