

CSF Seal Bearer and Lifetime Award (Seniors only) Qualification Form

Student Name: _____ School ID: _____

Circle the semesters you were a CSF member:

- Freshman year: Fall Spring
- Sophomore year: Fall Spring
- Junior year: Fall Spring
- Senior year: Fall Spring

List the community service events, tutoring, and fundraising activities you participated in. **You can also attach copies of your community service forms.

Time and Date	Event Name	Activity you performed	Signature of verifying person (print and sign)

Senior Questionnaire:

1. In what ways did CSF help you? _____

2. Are there any suggestions for CSF next year? _____
