

CSF Seal Bearer and Lifetime Award (Seniors only)

Qualification Form

Student Name: _____ School ID: _____

Circle the semesters you were a CSF member:

- Fall 2013 Spring 2014 Fall 2016 Spring 2017
Fall 2014 Spring 2015 Fall 2015 Spring 2016

List the community service events, tutoring, and fundraising activities you participated in.

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? _____

