

**Indiana County Technology Center Outstanding Senior  
 “in partnership with”  
 The Indiana Kiwanis Club**

*To be considered for the monthly award, seniors must be recommended by the program instructor, receive a positive review by the ICTC principal including home high school academic and guidance records, and have fully completed the following form, please return it to the main office by October 1, 2020.*

|                                     |                          |                             |
|-------------------------------------|--------------------------|-----------------------------|
| <b>Last Name:</b>                   | <b>First Name:</b>       | <b>Middle Initial:</b>      |
| <b>Street Address:</b>              | <b>City:</b>             | <b>Zip Code:</b>            |
| <b>Phone (including Area Code):</b> | <b>Home High School:</b> | <b>ICTC Program:</b>        |
| <b>Career Objective:</b>            |                          | <b>Post-Secondary Plan:</b> |
| <b>Parent’s Last Name:</b>          |                          | <b>Parent’s First Name:</b> |

*List all ICTC activities: SkillsUSA, COOP. List the year, any offices including committee chairperson, and those events you played a role. List the most recent first.*

*List all high school organizations of which you are or have been a member. List the year, any offices including committee chairperson, and those events you played a role. List the most recent first.*

*List any work experience or industry certifications.*

*What are your plans following graduation?*

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*Please write (you may attach a typed sheet with your answer, but do not exceed one page) an essay explaining the following: Why do you deserve to be the ICTC Kiwanis Student of the Month?*