



TRINITY VALLEY COMMUNITY COLLEGE CARDETTE ESCORT APPLICATION

(revised OCT 2013)

INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER (for scholarships): _____

MAIN CONTACT PHONE: () _____ CELL PHONE NUMBER: () _____

PARENT OR GUARDIAN'S NAME: _____

CURRENT HIGH SCHOOL: _____

GRADUATION DATE: _____ or DATE OF G.E.D.: _____

EXPERIENCE:

WERE YOU AN ESCORT (GUARD) IN HIGH SCHOOL? YES NO NUMBER OF YEARS: _____

NAME OF HIGH SCHOOL DRILL TEAM: _____

DIRECTOR'S NAME: _____

EXTRACURRICULAR SCHOOL ACTIVITIES:

PLACE(S) OF EMPLOYMENT/VOLUNTEER WORK:

HONORS AND AWARDS:

WHO OR WHAT ENCOURAGED YOU TO REQUEST INFORMATION ABOUT BEING A CARDETTE ESCORT?

EXPLAIN YOUR ACADEMIC GOALS AND THE REASON(S) WHY YOU ARE APPLYING FOR THE POSITION AS A TVCC CARDETTE ESCORT.

OTHER:

IN ORDER TO BETTER KNOW YOU AND SERVE YOU, PLEASE BE AS ACURATE AND HONEST AS POSSIBLE. WE ARE NOT LOOKING FOR CERTAIN ANSWERS BUT HONESTY.

Desired major at TVCC: _____

What Financial Aid to you have at this point or are anticipating to assist you with your academic finances?

PELL LOANS NONE OTHER: _____

Will you be applying for PELL or LOANS if you have not done so already?

YES NO MAYBE ALREADY APPLIED

Do you have any tattoos? YES NO

If yes, where and please describe: _____

Do you have any piercings: YES NO

If yes, please describe where: _____

Any medical conditions? (breathing problems, knee braces, heart conditions, diabetic, etc.) _____

MEN'S POLO SIZE: _____ MEN'S T-SHIRT SIZE: _____ HAT SIZE: _____

MEN'S JACKET SIZE: _____ NECK SIZE: _____

SEND THE FOLLOWING TO THE CARDETTE OFFICE:

- ➔ Application
- ➔ Current Photo
- ➔ Unofficial copy of High School Transcript
- ➔ 1 signed letter of recommendation

Darla Mansfield, TVCC Cardette Director
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Incomplete Application packets will not be accepted!