

CANDIDATE INFORMATION FORM
Candidate's Information

Name: _____

Last Name First Name Middle Initial

Date of Birth _____

Address: _____

Email: _____

Home Telephone: _____ **Cell #:** _____

Name, address and telephone number of high school:

Date of Graduation from high school: _____

If applicable, Date of enlistment in U.S. Armed Services: _____

Branch of U.S. Armed Services: _____

Date of Honorable Discharge: _____

Must Include SHHSAA Member/Sponsor Information:

Sponsor Last Name, First Name

Relationship to Candidate: _____

Sponsor Home Address:

Sponsor Home Telephone: _____

Cell #: _____

Sponsor Email:

Sponsor Graduation year from South Hills High School: _____

Candidate

Signature_____

Date _____