

# PTSA Lightning Award of Excellence

## 2017-18 Application Form

Please print legibly, fully complete application, and include all necessary attachments.

Student Name \_\_\_\_\_

Date \_\_\_\_\_

Student email address (please print legibly) \_\_\_\_\_

Grade \_\_\_\_\_

Student ID Number \_\_\_\_\_

2nd period teacher & Room Number \_\_\_\_\_

STUDENT CELL PHONE NO.: \_\_\_\_\_

The CBHS Lightning Award of Excellence requires that each applicant has achieved a weighted GPA of 3.2 or higher, has participated in 2 or more school or community activities this school year, and is a current student member of the PTSA. The following information is used to determine each student's eligibility.

Weighted GPA	Guidance Counselor or Administrator	Signature
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1.

\_\_\_\_\_  
Name of activity/organization

\_\_\_\_\_  
Supervisor and Contact Number

\_\_\_\_\_  
Length of time with activity/organization

2.

\_\_\_\_\_  
Name of activity/organization

\_\_\_\_\_  
Supervisor and Contact Number

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**Length of time with activity/organization**

**A short written recommendation is required from two adults. One sentence is sufficient.  
One must be a Cypress Bay staff member.**

1.

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**Name of staff member, signature, and phone number**

2.

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**Name of organization leader, signature, and phone number**

**Essay:**

**Please provide a brief description (between 400-500 words single spaced in Ariel font size 12, on the following topic:**

**What historical moment or event do you wish you could have witnessed, and why?  
Your TYPED response must be on a separate sheet of paper.**