

## STUDENT EVALUATOR APPLICATION

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**DUE DATE: DECEMBER 15**

**Please type or print**

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Name Grade

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Email Address

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School:

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Address:

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School Phone No.: City: Zip:

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Event(s) Requested

Check one:         Employed or have been in a related job  
                          Participated in event before  
                          Enrolled in related FACS class

Prior experience with this event:

Related experience in the event:

I understand that my chapter may not have an evaluator and participant in the same event. I also am aware that if I am chosen as a Student Evaluator, it is imperative that I be present all day during events.

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Student Print Name Signature Date

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Adviser Print Name Signature Date