

Florida Future Educators of America Middle School Membership Application

PLEASE PRINT

Name: _____

Mailing Address: _____

City State Zip

Home Telephone: () _____ Male _____ Female _____

Age: _____ Birthday: _____ Grade: _____

Parents'/Guardians' Names: _____

Dear Teachers:

The student named above has requested membership in our school's Florida Future Educators of America Middle School Chapter. To be eligible for membership, each student must be recommended by three (3) teachers and have a 2.5 or above cumulative grade point average which is validated by his/her counselor. Should this student's application be approved, s/he will be working with other students, parents, teachers, and the community, as well as representing our school in a variety on- and off-campus activities.

Teachers' Recommendations:

1. _____

2. _____

3. _____

Student Cumulative Grade Point Average: _____

Verified by _____
(Counselor's Signature)

Please return this form to _____ **by** _____
(Advisor's Name)