

# GRADUATE RECOGNITION – 2020

Graduate Recognition will be announced at a later date

Please return **this form with a picture** by **Sunday, June 7, 2020.**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent(s) \_\_\_\_\_

Graduate of (*High School/College*) \_\_\_\_\_

School and/or Church Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Major/Degree \_\_\_\_\_

\_\_\_\_\_

Awards/Honors \_\_\_\_\_

\_\_\_\_\_

Plans/Goals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_\_