

CAC Team Member Profile Sheet

School District: _____

To be completed by each team member and returned by **March 8, 2019** to: lisa.rawls@polk-fl.net

Or:

Lisa W. Rawls
Academic Competitions
611 Post Ave. SW
Winter Haven, FL 33880

Student Name

Pronunciation assistance please

School

Principal

Superintendent

School Address

School C/S/Zip

Home Address

Home Phone

Home C/S/Zip

E-mail

Gender: Male Female

Graduation Year: _____

SAT scores: V: _____ M: _____ ACT Composite: _____

List w/scores AP, IB or AICE courses: _____

Special awards, recognitions or scholarships:

I plan to attend: _____ College/University and have or have not been accepted.

I plan to major in: _____ to become a/an _____