

INDIANA STATE UNIVERSITY
SYCAMORE SPIRIT SQUAD APPLICATION
TAMMY SHIKE-COACH

NAME _____

EMAIL _____

PERMANENT ADDRESS, CITY, STATE, ZIP _____

CELL PHONE _____

CAMPUS ADDRESS (IF KNOWN) _____

SOCIAL SECURITY NUMBER _____

ISU STUDENT I.D. (991) _____

DATE OF BIRTH (DD/MM/YYYY) _____

PARENTS' NAMES _____

PARENTS' ADDRESS, CITY, STATE, ZIP _____

HIGH SCHOOL ATTENDED _____

GRADUATE CLASS SIZE _____ GRADUATE GPA _____

YEAR GRADUATED FROM HIGH SCHOOL _____

PRESENT YEAR IN SCHOOL _____

YEARS OF EXPERIENCE _____

HIGH SCHOOL CHEER TEAM _____ ALL STAR CHEER _____

HIGH SCHOOL DANCE TEAM _____ ALL STAR DANCE _____

TUMBLING _____ STUDIO DANCE _____

THEATRE _____

OTHER (DESCRIBE) _____

SOCIAL ORGANIZATIONS _____

AWARDS/HONORS _____

COMMUNITY SERVICE _____

