

**CSF of BGM Application
Student Information for Awards Night**

Please PRINT legibly

1. Name:

Your everyday name:

Formal name:

2. Parents:

3. Siblings:

4. Most Memorable Moment:

From school:

From outside of school:

5. Goals/Aspirations for Life:

6. What is your favorite season and why?

7. What should we (community, friends, family) remember most about you?

8. Who/What has inspired you to further your education or follow your intended career path?

9. What is the most important thing you have ever learned?

10. How do you imagine your life will be when you are a senior citizen?

11. What will you miss most from your BGM experience?

12. If you had a million dollars, what would you do with it?

NOTE: This sheet will be shared with others and become a part of awards night. CSF of BGM reserves the right to eliminate or edit answers due to time constraints of the program.