

# High Adventure Practicum Application Form

## DEPARTMENT OF FAMILY AND CONSUMER SCIENCES

1. Name: \_\_\_\_\_  
Last
First
Middle
Student Number

Home Address: \_\_\_\_\_  
Street
Phone

\_\_\_\_\_

City
State
Zip Code
Email address

2. Semester applying for Practicum (check one): \_\_\_\_ Summer (12 Week) \_\_\_\_ Fall \_\_\_\_ Year

3. Are you willing to travel during the semester registered for practicum? \_\_\_\_ Yes \_\_\_\_ No

4. Do you have medical insurance? \_\_\_\_ Yes \_\_\_\_ No

5. Hours Earned Overall: \_\_\_\_\_ Hours earned in FCS/Business Courses at JSU: \_\_\_\_\_

6. Grade Point Average: Overall \_\_\_\_\_ FCS/Business Courses : \_\_\_\_\_

7. List the Clubs, Organizations, and Activities in which you have actively participated in your College/University and community. Describe your participation.

8. List volunteer experiences and positions in which you have been employed.

Employer/Agency	Paid work or volunteer service?	Responsibilities	Dates

Download and submit the completed form to Lynn Steward, FCS Department Secretary, 215 E. Mason Hall.