Name: _____
ID Number: _____

Four-Year Summary of Activities & Experiences

MBHS School Counseling Department

Directions: *We want to get a good sense of how you have spent your time in high school—in and out of the classroom and in the community. What kinds of experiences are part of your story? If you need more space, please request another copy on which to put your additional information.*

Please be sure to fill out this form neatly and completely, and return it to your school counselor.

TYPE OF ACTIVITY. INTEREST, OR AWARD	SCHOOL YEAR				TIME OF INVOLVEMENT		DESCRIPTION OF ACTIVITY	POSITION/TITLE
	9	10	11	12	Hours/week	Weeks/year		

SCHOOL-RELATED ACTIVITIES *(clubs, sports, teams, SGA, class office, honor societies, tutoring, service learning, awards)*

TYPE OF ACTIVITY, INTEREST, OR AWARD	SCHOOL YEAR				TIME OF INVOLVEMENT		DESCRIPTION OF ACTIVITY	POSITION/TITLE
	9	10	11	12	Hours/week	Weeks/year		

NON-SCHOOL-RELATED ACTIVITIES/INTERESTS *(religious groups, community organizations, teams, hobbies, courses, lessons, awards)*

WORK EXPERIENCE, PAID INTERNSHIPS

SUMMER ACTIVITIES *(internships, travel, educational programs, camps)*