



Graduate Recognition Form

Please fill out this information form and return it along with a recent picture (preferably 1920 x 1080 pixel size for optimal viewing on the sanctuary screens). Please send both form and picture to the attention of Rev. OJ Flowers (oflowers@providenceatlanta.org). Please contact Rev. Flowers at 404.752.6869 if you have any questions.

Personal

Student Name: _____ Attending 10:45am Svc (click one): Yes No

Student Cell Phone Number: _____

Student E-Mail Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Cell Phone Number: _____

Parent/Guardian E-Mail Address: _____

School Information

School You Attended: _____

Degree Earned (e.g. B.A. in Psychology): _____

Date You Are Graduating (mm/dd/yy): ____/____/____

List any honors or special recognition? _____

Were you involved with a team sport (which ones)?



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Were you a member of any clubs/honor societies (which ones)?

Future Plans

Where are you planning on attending college, technical school or starting your career?

If you are planning to further your education, what do you plan on studying?

In one sentence, state your ambitions and aspirations for life after High School/College?
