

Peer Tutor Application Hicks/Henkel

2019-2020 School Year

Applicant Name: \_\_\_\_\_

Year in School: \_\_\_\_\_ GPA: \_\_\_\_\_

<p><i>Check one:</i> <input type="checkbox"/> Peer Tutoring (first time) <input type="checkbox"/> Advanced Peer Tutoring</p>	<p><i>Check one:</i> <input type="checkbox"/> Mrs. Hicks/Mrs. Henkel</p>
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In the space provided, answer the following question: *Why do you want to be a peer tutor?*

Recommendations (*Two HVA teacher signatures are required; one must be a teacher who has taught you this school year*):

1. Print name: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

2. Print name: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

As an applicant for the peer-tutoring program, I understand that I serve as a role model for the students with which I work.

\_\_\_\_\_

Student Signature

Please return this completed application to one of the teachers listed above (Mrs. Henkel or Mrs. Hicks) by Friday March 8, end of school day.