



Loara Saxons Alumni Association

ALL GRADUATING CLASSES ARE REPRESENTED

www.saxonalumni.com
email: loarasaxonsalumni@gmail.com

P.O. Box 9397
Anaheim, CA 92812-9397

Loara Saxons Alumni Student Ambassador (LSASA) Application

Part 1: Application

Student's First Name: _____ Last Name: _____

Email Address: _____

Mailing Address: _____

City, State, ZIP: _____

Cell Phone Number (Area code, number): _____

LHS Student ID #: _____ Grade Level: [] 10th [] 11th [] 12th

Cumulative High School GPA: _____ (Counselor's verification signature required)

Counselor's Printed Name

Counselor's Signature

- Do you commit to prioritizing one required meeting per month from 3:00-4:00pm?
_____ Yes _____ No
- Do you commit to volunteering a minimum of 20 hours per year through various LSASA events/programs?
_____ Yes _____ No

I certify that the information within this application is true and accurate to the best of my knowledge. I understand that any false information will lead to my disqualification.

Applicant's Printed Name

Parent/Guardian's Printed Name

Applicant's Signature

Parent/Guardian's Signature

Applicant Date Signed

Parent/Guardian Date Signed

2) From your time as a student, what would you say are Loara High School’s greatest strengths and weaknesses?

Lined area for writing the response to question 2.

