



*Jefferson State*  
Community College  
Campus News



RESPECT  
PRIDE  
ACHIEVEMENT  
HONOR  
RECOGNITION

## WHO'S WHO AMONG STUDENTS

Each year, a select group of students is called forward to accept one of the most prestigious awards the academic community can bestow -- selection to **Who's Who Among Students**. This exclusive honor is conferred by more than 1,900 schools in all 50 states and the District of Columbia and is symbolized by the presentation of an award certificate.

Through our years of serving higher education, **Who's Who Among Students** has become one of the most highly regarded and long-standing honors programs in the nation, having earned the overwhelming respect of college faculties and administrations. And for the students – the outstanding campus leaders of the year – national recognition by the Who's Who program marks a pinnacle of scholastic achievement.

Qualifying students should meet the following criteria:

1. Have completed at least 30 semester hours.
2. Have attended school at least one semester this past year.
3. Have a grade point average of 3.0 or better.
4. Transfer students have attended for at least 1 semester (12 credit hours).
5. Belong to at least one on campus club/organization.

If you meet these qualifications, you will receive a letter from Jeff State informing you of your eligibility to be chosen for Who's Who Among Students.

**For Who's Who Information contact Wanda Smith,  
Who's Who Committee Chair, (205) 856-7806**

**WHO'S WHO FORM**

Date \_\_\_\_\_

Student Number \_\_\_\_\_

Last Semester Enrolled \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Dependents \_\_\_\_\_ E-mail Address \_\_\_\_\_

Employed: \_\_\_\_\_ (Y/N) \_\_\_\_\_ (full /part time) Where \_\_\_\_\_

Career Program \_\_\_\_\_ Transfer Program \_\_\_\_\_ Major: \_\_\_\_\_

ACTIVITIES: List and /or describe each of the following: (Please use back of form or attach additional pages if needed.)

**I. Jefferson State Community College**

A. Clubs                      Type of Participation/Hours per week                      Office held

\_\_\_\_\_  
\_\_\_\_\_

B. Varsity Athletics                      Sport                      Hours Participation weekly

\_\_\_\_\_  
\_\_\_\_\_

C. Additional activities (intramural sports, drama, art, music, etc.)

\_\_\_\_\_  
\_\_\_\_\_

D. Honors, Awards and /or Scholarships (Jefferson State) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**II. Other Colleges (recently attended)**

Activities and honors at other colleges attended, if any (state the year of participation).

\_\_\_\_\_  
\_\_\_\_\_

**III. Community ( church, PTA, volunteer work, civic clubs, etc. ) within the last 3 years.**

A. Activities and /or Service \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Honors and Awards \_\_\_\_\_

Briefly describe how your education relates to your future plan. (use the back of the form)

PLEASE USE ONE FORM PER ACTIVITY. DUPLICATE FOR ADDITIONAL FORMS

JEFFERSON STATE CLUBS OR ORGANIZATIONS FORM

Student Number Name Club/Organization

Please circle the appropriate rating or insert the proper information that is needed in the space provided. (Five represents the highest rating in the area of consideration). This form may be returned to the student or sent to Wanda Smith at the Jefferson Campus.

- I. Attendance at club/ Team meetings
II. Participation in Club/Team Projects
III. Level of Cooperation and Responsiveness
IV. What level did he/she perform the tasks of the office:
V. Recommendation of individual's overall performance
VI. Indicate recognition or special awards earned by this person within your organization

VII. Any additional comments (use back of necessary)

TO BE CONSIDERED, FORM MUST BE PROPERLY SIGNED!

Signature of Club or Team Sponsor

cut along dotted line

COMMUNITY PARTICIPATION FORM

Name Student Number

Organization

Number of hours per week participation in this organization

This student is being considered for nomination for Who's Who and has indicated he/she has participated or is participating in this organization. Please verify his/her participation and make your comments on this student below and on the back of the form.

TO BE CONSIDERED, THIS FORM MUST BE PROPERLY SIGNED, THE NUMBER OF HOURS OF WEEKLY PARTICIPATION INDICATED AND ANY COMMENTS ADDED.

Signature of Sponsor Date

Number of Hours of weekly participation

COMMENTS: