

# WA State GEAR UP Student Workshops & Financial Aid Presentations



<b>Staff Name:</b> _____	<b>School Name:</b> _____
<b>Workshop Name:</b> _____	
<b>Activity Date:</b> _____	<b>Activity Time: From</b> _____ <b>to</b> _____
<b>Student Workshop Activity Type:</b>	<input type="checkbox"/> Stu Workshop - Academic <input type="checkbox"/> Stu Workshop – Career <input type="checkbox"/> Stu Workshop - College <input type="checkbox"/> Stu Workshop - SEL <input type="checkbox"/> Stu Workshop – Other <input type="checkbox"/> Financial Aid Workshop <input type="checkbox"/> Student Orientation

	Student Name (Printed)	Student Signature (Required) (For full classroom, class roster can be attached.)	Grade Level
1.			
2.			
3.			
4.			
5.			
6.			
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11.			
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15.			
16.			
17.			
18.			
19.			
20.			

I certify that the above students participated in this activity.

**GU Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_