



BISHOP SHANAHAN HIGH SCHOOL ACTIVITIES RESUME

Mrs. Marie Weyback
Guidance Office
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Student Name: _____ Homeroom: _____

Listed below are both the Bishop Shanahan and non-BSHS extracurricular activities and service clubs in which this student has participated. **Each activity must be verified with a moderator's initials and signature. Those activities outside of BSHS must have a signed letter attached from the moderator verifying participation in that activity.**

Moderators: Please initial each year of participation and sign on the given line. Thank you.

BSHS CLUBS	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Moderator Signature
Ambassadors Club					
Aquila (Yearbook)					
Art Club					
Ballroom Dancing					
Bowling Club					
Channel Two					
Chess/Game Club					
Chorus (Ensemble)					
Chorus (Mixed)					
Chorus (Select)					
Community Svc. Corps					
Concert Band					
Drama Club					
Forensics					
French Club					
Improv & Theater					
Italian Club					
Jazz Band					
Leadership Council					
Mathletes					
Ministry Club					
Mock Trial					
Nat'l Honor Society					
Philosophy Club					
Photography Club					
Respect Life Club					
Robotics Club					
Shanaviews					
String Orchestra					
Student Council					
Spanish Club					
Visions					
Web-Tech Club					
World Affairs Club					

Moderators: Please **initial** each year of participation and **sign** on the given line. Thank you.

BSHS ATHLETICS	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Moderator Signature
Baseball					
Basketball					
Cheerleading					
Cross Country					
Field Hockey					
Football					
Golf					
Ice Hockey (Club)					
Lacrosse					
Roller Hockey (Club)					
Rugby (Club)					
Soccer					
Softball					
Swimming/Diving					
Tennis					
Track (Indoor)					
Track & Field					
Volleyball					
Wrestling					

Moderators: Please **initial** the appropriate year and **sign** on the given line. Thank you.

BSHS Awards and Leadership Positions	Gr. 9	Gr. 10	Gr. 11	Gr. 12	Moderator Signature

Non-BSHS Activities and Awards

	Gr. 9	Gr. 10	Gr. 11	Gr. 12	
					Letter must be attached
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					Letter must be attached
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Cumulative GPA: _____ Signature: _____
(This information must be supplied and verified by the Guidance Office only)

Counselors and Teachers: Please submit **original** letters of recommendation directly to Mrs. Weyback in the Guidance office where they will be filed, and copies sent along with transcripts to the requested colleges and universities. If you choose to share your letter with the student, please make a **copy** for them. Thank you.