

Tennessee Association of Student Councils
Four-Star Council Application Form

THIS FORM MUST ACCOMPANY SUBMITTED PROJECT FORMS.

Name of School _____

_____ We are an Area Workshop OR Convention host. (please check if this applies)

Name of Principal Advisor(s) _____

Please indicate a phone number where you can be reached

CHECKLIST: (please initial each)

____ SCHOOL ATTENDED TASC FALL WORKSHOP IN YOUR
AREA

____ PROJECT FORMS TYPED AND ORDERED IN ACCORDANCE
WITH PROJECT REPORT FORM

____ PROJECTS IN ½ INCH 3-RING BINDER AND CLEARLY
LABELED WITH SCHOOL NAME

____ 20 PROJECTS SUBMITTED

____ FOUR STAR COUNCIL APPLICATION SENT VIA CERTIFIED
MAIL, POSTMARKED NO LATER THAN FEBRUARY 8, 2012 TO:

Signature of Advisor _____

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