

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Completed Experience (One check per box -Min of Four)	Type of Experience	Date of Experience (or Time Frame of Experience)	Brief Description of Activity (include details such as name of organization, business, college, military branch - whatever is applicable to the experience)	Name of Sponsor or Adult (someone who can verify your participation)	Sponsor/Adult Email or Phone
	Career Tour				
	Career/College Camp				
	Career Exploring Program				
	College Visit				
	Eat with an Expert				
	Elkhorn Technology Team				
	Internship (Course for Credit)				
	Job Shadow				
	Job with Bonafide Employer				
	Military (Recruiter Visit or ASVAB Discussion)				
	Teacher Cadet				
	Other Activity Approved by Counselor				

Counselor Name: \_\_\_\_\_

Counselor Signature & Date: \_\_\_\_\_