

GAMMA GAMMA GAMMA

The National Exclusive Club for Graduates with Honors



VERIFICATION APPLICATION FORM FOR MEMBERSHIP

HIGH SCHOOLS CATEGORY

PART I (to be completed by the applicant) PLEASE TYPE OR PRINT

NAME OF STUDENT: _____
First Name Middle Name Last Name (Suffix e.g. Jr., III etc)

HOME TOWN/CITY: _____, STATE _____ COUNTRY: _____

NAME OF COLLEGE/UNIVERSITY: _____

CITY: _____, STATE: _____

YEAR OF YOUR GRADUATION: _____

***CLASS/TYPE OF HONORS:** TOP 10 OF THE GRADUATING CLASS [*Note: not Top 10%*]

Also check one of the following if you graduated: VALEDICTORIAN SALUTATORIAN

PART II (to be completed by the applicant)

THE FOLLOWING INFORMATION WILL NOT BE PUBLISHED ONLINE OR PRINTED IN ANY OF OUR PUBLICATIONS. THEY ARE NEEDED FOR OUR RECORDS

***FINAL CUMMULATIVE GPA _____ OUT OF A POSSIBLE GPA OF _____**

PERMANENT U.S. MAILING ADDRESS: _____

City: _____ State: _____ Zip Code: _____

E-MAIL ADDRESS: _____

TELEPHONE #:(_____) _____ YOUR YEAR OF BIRTH: _____

DEMOGRAPHIC DATA (for statistical use only):

American Indian/Alaska Native Black/African American White Asian/Pacific Island Hispanic

U.S. Citizenship Yes No Male Female

Applicant's Signature: _____ Date: _____

[*Note: Please remember to also complete the online Registration Form, checking off the category labeled - Pending Honorees]**

PART III (to be completed by your Institution)

Dear Sir/Madam:

Dear Sir/Madam:

The person named in Part 1 of this form, a former student at your institution, has applied for lifetime membership and recognition in the Gamma Gamma Gamma Club, the National Academic Honors Club exclusively reserved for *Graduates With Honors*. The student has also requested membership and recognition in the Class/Type of Honors he/she has checked above in part 1.

Our acceptance policy requires that the information the applicant has provided in Part 1, in particular, the final cumulative GPA, and the Academic Honors THE APPLICANT CLAIMED ABOVE in Part 1 that he/she earned upon graduation be verified/confirmed and certified as being accurate by the appropriate official of their institution e.g. Registrar, Principal, or as designated by the institution.

Please kindly confirm the above information provided by the student regarding Final GPA and Class/Type of Honors by completing the following information, signing, and affixing your institution's official stamp or seal

Name of Person/School Official Completing this Form: _____

Title: _____ **Phone#:** (____) _____

Signature: _____ **Date:** _____

E-Mail Address: _____

*(Applications without school official's
signature and School Stamp or
Seal will be rejected)*

[*School
Stamp/Seal
here*]

COMMENTS/REMARKS (**optional**: *Feel free to re-state the type of honor and GPA*) _____

RETURN FORM TO APPLICANT OR MAIL TO

**Gamma Gamma Gamma Club
HIGH SCHOOLS CATEGORY
CREDENTIALS (VERIFICATION) DEPARTMENT
P.O. BOX 32674
BALTIMORE
MD 21282-2674**