

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 (cannot use same project to cover more than one project area)
- FOUR STAR COUNCIL APPLICATION SENT VIA CERTIFIED MAIL, POSTMARKED NO LATER THAN FEBRUARY 10, 2017

TO: SHANNON CARNEY
WILSON CENTRAL HIGH SCHOOL
419 WILDCAT WAY
LEBANON, TN 37090
PHONE: 615-974-9882
EMAIL: carneys@wilsonk12tn.us

Signature of Advisor _____