

The Swans Club 2025 Debutante Application

NAME _____ AGE: _____ DATE OF BIRTH _____

ADDRESS: _____ CITY/ZIP _____

APPLICANT'S E-MAIL: _____

APPLICANT'S CELL PHONE: _____

PARENTS/GUARDIANS: _____

MOM'S CONTACT PHONE: _____ EMAIL _____

DAD'S CONTACT PHONE: _____ EMAIL _____

SCHOOL: _____ CITY: _____

HIGH SCHOOL CLASSIFICATION: JUNIOR SENIOR

OVERALL GRADE POINT AVERAGE: _____

SCHOOL ACTIVITIES, ORGANIZATIONS, CLUBS: _____

HONORS: _____

CHURCH: _____

CHURCH ACTIVITIES: _____

SOCIAL/CIVIC ORGANIZATIONS: _____

SPECIAL TALENTS: _____

HOBBIES: _____

FUTURE EDUCATIONAL PLANS: _____

DESCRIBE WHY YOU DESIRE TO BE A SWANS CLUB DEBUTANTE:
