

Franklin Academy Student Questionnaire

Please use this questionnaire as an opportunity to tell us about yourself and about those things that are important to you. How much you write is less important than what you say. Please write in your own handwriting. You may attach additional sheets of paper if necessary.

Your Name _____

1. Why are you applying to Franklin Academy?

2. What are your favorite subjects in school? Least favorite?

3. Please check any activity that you enjoy:

- | | |
|---|--|
| <input type="checkbox"/> Boy/Girl Scouts | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> 4-H Club | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Ceramics |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Dance |
| <input type="checkbox"/> Drawing/Painting | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Creative Writing/Poetry |
| <input type="checkbox"/> Comics | <input type="checkbox"/> Fantasy Games |
| <input type="checkbox"/> Band/Orchestra | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Choir/Chorus | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Skateboarding/Rollerblading |
| <input type="checkbox"/> Church Youth Group | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Outdoor Activities | <input type="checkbox"/> Boating |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Other _____ |

Please Complete other side

