

**GMS Peer Buddy Application**Complete this application and return it to your counselor.

Name:	Grade:	_ Date:
You must currently have and maintain a 3.0 GPA or Work Habits. You must have and maintain good beh		
1. Briefly state why you want to be a Peer Budo	dy.	
2. Tell me something about yourself that would	d make you a great Pe	eer Buddy.
If I am selected to participate, I agree to complete a	t least one semester	as a Peer Buddy.
Student Signature:		
If my student is selected to participate, he/she has i	my permission to par	ticipate.
Parent/Guardian Signature:		