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 higher, no D’s or F’s, and no N’s or U’s in Citizenship and Work Habits. You must have and maintain good behavior and attendance records.

1. Briefly state why you want to be a Peer Buddy.

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2. Tell me something about yourself that would make you a great Peer Buddy.

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If I am selected to participate, I agree to complete at least one semester as a Peer Buddy.

Student Signature: ___________________________

If my student is selected to participate, he/she has my permission to participate.

Parent/Guardian Signature: ___________________________