

Instructions:
Return to Brunswick High School
Attention: Mrs. Wilton by 3:00 p.m. February 23, 2009

Student's Last Name	First Name	FCPS Student ID #
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APEX SCHOLARS PROGRAM
BRUNSWICK HIGH SCHOOL
 101 Cummings Drive
 Brunswick, Maryland 21716

LIST OF REFERENCES

Please provide the names of four teachers to whom you have given the evaluation forms (Form E). Four check-off evaluations must be from current teachers of **academic eighth grade** courses. The recommendations may be in the content areas of English, Foreign Language, Math, Science or Social Studies.

EVALUATIONS

1. Teacher's Name _____
 Position/Subject Taught _____

2. Teacher's Name _____
 Position/Subject Taught _____

3. Teacher's Name _____
 Position/Subject Taught _____

4. Teacher's Name _____
 Position/Subject Taught _____