

ST. PAUL MANCHESTER UMC GRADUATE RECOGNITION FORM

Please Print Legibly (Items marked by an * are required)

*Full Name:

Phone: _____

*Email Address:

Parent/Guardian name:

*Level completed (select one):

High School: ____ College: ____ Graduate: ____

*SCHOOL NAME:

Date of Graduation

*Degree Received

Honors or Recognition Received:

*If a High School Grad, are you going to college/trade school?

Yes ____ No ____ If yes, what school:

Location of School: _____

Major: _____

If you are going into the Military, list Branch:

If available, please e-mail a picture to:
joshuarhone@stpaulmanchester.org

Please return this fully completed form to the church office or electronically at joshuarhone@stpaulmanchester.org on or before May 2, 2021.