



20<sup>th</sup> Annual Graduation Ceremony  
2016-2017 Application

Graduate's Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Apartment/Unit #*  
\_\_\_\_\_  
*City State Zip/Postal Code*

Phone: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Home Cell*

Email Address: \_\_\_\_\_

Graduating History:	School Name	Graduation Date
<input type="checkbox"/> Middle School	_____	_____
<input type="checkbox"/> High School	_____	_____
<input type="checkbox"/> College	_____	_____
<input type="checkbox"/> University	_____	_____
<input type="checkbox"/> Other	_____	_____

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Receiving Degree with Honors:  Yes  No

Graduate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All applications must be submitted by: June 18, 2017  
Applications received after the deadline will not be accepted

Please mail your application to:  
Assyrian Church of the East  
680 Minnesota Avenue, San Jose, CA 95125

**FOR OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_