Walton High School
Hall of Fame Application 2025

Full Name:_____

Street Address:_____

City:_____ **State:** _____ **Zip:** _____

Telephone Number: _____

Weighted GPA:_____ **Number of Community Service Hours:** _____

Awards/Achievements/Accolades **(Attach document if additional space is needed)**

Name	Year(s)

Clubs/Sports/Organizations **(Attach document if additional space is needed)**

Name	Year(s)

Industry Certifications

Write a short paragraph sharing what it means to be a Walton Brave:

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Applicant Signature