

Alumni Questionnaire

Name _____ Class of _____

Address _____
Street City/State Zip

Phone Number (____) _____

High School attended _____ Graduation Year _____

- Did you work during high school? ____ Yes ____ No
- If yes, where? _____ How long? _____

If not a graduate, did you complete a GED? ____ Yes ____ No If not, why? _____

Are you (were you) enrolled in college? ____ Yes ____ No

- Name of college/university _____
- State _____ Full-time ____ Part-time ____
- Major _____ Graduation Date _____

Are you planning further study (graduate study, law/medical)? ____ Yes ____ No
Where? _____ Graduation Year _____

Are you (were you) enrolled in a technical school/training program? ____ Yes ____ No

- Name of technical school _____
- Area of training _____ Graduation Date _____

Are you currently employed? ____ Yes (____ Full-time ____ Part-time) ____ No

- Name of employer _____
- Job Title _____ How long have you worked there? _____

What are your future plans? _____

Would you recommend ST. BENEDICT to others? ____ Yes ____ No

Why/why not? _____

Would you like to be listed in an Alumni Directory? ____ Yes ____ No

Would you like to participate in Alumni activities? ____ Yes ____ No