



Edmund Burke Academy

Alumni Survey

As a graduate of Edmund Burke Academy, you will always be very important to our school family. Your life challenges and successes are very important to us and to your fellow alumni.

Please take the time to update our files:

Graduate's Name: _____ Maiden: _____ Class of: _____

Current Address: _____ City _____ State _____ ZIP _____

Home Phone: _____ Business Phone: _____ Cell Phone/Pager: _____

E-mail Address: _____ May we contact you by e-mail? _____

May we use your address and telephone number in an Alumni Directory? _____

Marital Status _____ If Married, Spouse's Name _____

If Spouse is EBA Graduate, Class of: _____

Names and Ages of Children: (If child is EBA graduate, include class of:)

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College Attended: _____

How many years? _____ Graduate? _____ When? _____ Degree Earned? _____ in _____

Graduate school? _____ Where? _____ Degree Earned? _____

Any scholarships, fellowships or special collegiate honors: _____

Hope Scholarship: _____ Obtained _____ Years Kept _____

Technical College Attended: _____

Major program of study: _____ Completed when? _____

Other: _____

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Present Employer and Position: _____

Business Address: _____ City _____ State _____ ZIP _____

Other interests, community and church involvement, most memorable achievements: _____

Thank you for sharing your life with us! We hope to always be a part of yours.