

# CALLING ALL CASSOPOLIS GRADUATES ....

## GRADUATE SURVEY FORM

Name: \_\_\_\_\_  
Yr of Graduation: \_\_\_\_\_  
Graduate Name (if different): \_\_\_\_\_  
Post-secondary education / training pursued: \_\_\_\_\_

### YOUR STORY:

Had Cass Kickstart been available would it have helped your pursuits?      YES      NO  
How many generations of your family graduated from Cassopolis?      \_\_\_\_\_  
Would you be willing to be a guest speaker in a classroom?      YES      NO  
Are you interested in lending financial support to Cass Kickstart?      YES      NO

Email Address: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Phone Contact: \_\_\_\_\_

**Return form to:**      Cass Kickstart to Careers, PO Box 63, Cassopolis, MI 49031, ~or~  
email to: [info@casskickstart.com](mailto:info@casskickstart.com)

**Thank you!**