



**Section I** ↔ Applicant, parent, emergency contact and school information

**1. Applicant Information**

Last Name	First Name	MI
Street Address		
City/Town	State/Zip	
Email Address	Date of Birth	

**2. Parent/Guardian Information**

Last Name	First Name	
Home Phone	Work Phone	Email Address

**3. Emergency Contact Person**

Last Name	First Name	MI
Home Phone	Work Phone	
Relationship to Child	Email Address	

**4. School Information**

School Name		
Street Address		
City/Town	State/Zip	
Phone	Fax	Email Address

**5. Name of current Teacher or Counselor who will complete Section IV of this form (optional)**

Last Name	First Name
Work phone	Email Address

**6. My child is available for an interview. Indicate best times and days**

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ S \_\_\_\_\_ Sun \_\_\_\_\_

**7. My child will be able to get to the program on time everyday**

Yes     No    Comments \_\_\_\_\_

*For staff use only (provide return information or attach sticker here.)*

Staff Contact	Organization
Mailing Address	City/State/Zip
Fax	Phone

**\*\*REMINDER:**

- ✓ Please check to make sure that all information is complete
- ✓ All forms are signed
- ✓ Please return to the local site address on the left.





Section IV  $\longleftrightarrow$  Teacher/counselor's assessment of candidate's skills and abilities

1. A current teacher or school counselor must fill out this form

This information will not influence your chances of being accepted in the program. It is used for planning purposes. All information is confidential and for the exclusive use of authorized program staff.

2. Student Information

Student's Name	Student's Grade
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3. How long and in what capacity have you known this student?


4. Check one or more boxes that best describe the student's abilities and relationship with his/her classmates

Please check the word that most closely reflects the student's abilities.  
EX = Excellent G = Good, NI = Needs Improvement, P = Poor

		EX	G	NI	P	Comments
1	Ability to Analyze a Problem					
2	Common Sense					
3	Writing Skills					
4	Dependable					
5	Sense of Responsibility					
6	Self-Motivation					
7	Perseverance					
8	Oral Communication Skills					
9	Computer Skills					
10	Curiosity					
11	Cooperation					
12	Adaptable					
13	Independence					
14	Sensitivity					

5. Teacher/Counselor Information

Teacher/Counselor Name	Title	
School	Phone	
Signature	Date	Email Address

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Staff Contact	Organization
Mailing Address	City/State/Zip
Fax	Phone

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