

## **Expressive Path Enrollment Application**

Referrals are accepted from schools, social service agencies, juvenile justice agencies, recreation programs, family or self-referral All mentors have full back ground clearances in accordance with PA state law (Email completed form back to info@expressivepath.org)

Referred by Phone			ne Number			
Basic Data & Contact Information	n:					
Youth Participant's Last Name		First Name		M. I.		
Address (including apartment #						
City/Town		State		Zip Code		
Home Phone	Cell Phone		Email Address			
Date of Birth	Age	Male	Female	Race		
Name of Home School District: _			Currei	nt Grade:		
Emergency Contact Name Emergency Conta		t #	Relationship to Participant			
Interest Area:						
Drawing Painting P	hotography (	Guitar Pia	no Violin _	Drums		
Dancing Singing Act	ting Writing _	Ceramics	Sculpture	Printmaking		
Fashion Fabric/Fibers	Graphic Design	_ Other:				
Do you own an instrument?	If yes, what ins	strument/s				
Experience in Area of Interest	·					
Goals in Area of Interest:						

**Eligibility Verification**Not necessary to fill chart if participant meet eligibility requirements on attached page

Household Members	Relationship	Date of Birth	Source of Income	Place of Employment	Monthly Income			
	Participant							
To be filled out for all pa	ırticipants:		·	•				
Circle: Does your family receive The Are you a foster child?		lo lo						
If yes, placing agency:	f yes, placing agency: Placing Agency #							
Are you adopted? Yes Are you pregnant or are you Are you on probation?	<b>No</b> ou a parenting you	ith? Yes Yes	No No					
If yes – Name of probation	n officer:		Probatio	n Officer #				
Adjudicated dependent/de	elinquent? Name o	of case mana	iger					
Case manager's #								
Items Required for Prog	ram Acceptance:							
necessary if you dependent/delin - Parenting teens n - Copy of photo ID	or documentation of are in foster care inquent or have b	e, adopted, a een or are o y of their ch	parent or documen a parenting or pre on probation) ild's birth certificat	gnant teen, adji				
Certification:								
I certify that the above info subject to review and veri of this information for ver determine eligibility only.	fication and I may ification purposes	not be able	to participate if fou	nd to be ineligibl	e. I allow release			
Signature of Applicant	 Date		Signature of Parent	or Guardian	 Date			