



STUDENT APPLICATION

Application must be filled out completely and submitted at the time of enrollment.

PERSONAL INFORMATION

Name: _____ Sex (M/F) _____
Last First MI

Home Address _____
Street City State Zip

Telephone: () _____ Mobile Phone () _____

Date of Birth: _____ E-mail _____

Name of Parent or Guardian: _____

Primary Telephone (Parent) _____ e-mail address (Parent) _____

Check One:

Student lives with: Both Parents () One Parent () Guardian ()

SCHOOL INFORMATION

Name of High School: _____ Grade _____

School Address: _____

Name of High School Counselor: _____ Telephone: _____

Favorite Subject(s): _____

Subject(s) in which I have the most problems: _____

Extracurricular Activities: _____

Rank the order in which you personally can benefit from programs in these areas:

Cultural Knowledge () Public Speaking () Leadership Development () Academics ()

CAREER ASPIRATIONS

Education/Career plans after graduating from High School _____

Signature of Applicant Date

Signature of Parent Date



PARENT RELEASE FORM

Form must be filled out completely and submitted at the time of enrollment.

I _____ (Parent/Legal guardian) give my permission for my son/daughter
_____ (participant) to be involved in the Leaders of Tomorrow (LOT) Program.

The LOT Program will involve communication between the program coordinators, mentors, volunteers, and student participants with monthly group sessions, telephone calls, email, and internet contact. Planned events will be scheduled during the program that will include group travel. In any event, your child may be required to cover costs (i.e. venue admission, food, etc.).

Parents/Legal Guardians are responsible for ensuring each participant does not possess weapons, drugs or any illegal substances that would pose a threat to him/her or the LOT program participants. Parents/Legal Guardians are also responsible for informing the program coordinators of any conditions your child has that may be of concern (i.e. physical, past serious illness, emotional, mental, etc.).

I understand that signing this release form is an acceptance to the above and a prerequisite to participate in the program.

Signed _____

Date _____

Name of Parent or Guardian: _____

Address: _____

City, State, Zip _____

Home Phone _____ Mobile Phone _____

Email _____

In Case of Emergency Contact _____ Phone Number _____

Can the above person make medical decisions for the participant: Yes No

Please list any allergies your son/daughter has _____

Family Doctor Name and Phone Number _____

Hospital Preference _____