

Georgia Lions Club
Leadership Program
June 5 - July 16, 2017
2017 Program Application
For students ages 16-19

Completed applications should be emailed to Director Garrick Scott at *LionsLeadershipProgram@gmail.com*. A registration fee of \$45 must be submitted within a week of being notified that your application has been accepted. Applicants will be notified by email whether or not their applications have been accepted.

Student Information

Student's first name:

Student's last name:

Address:

City:

State:

Zip:

Home phone:

Cell phone:

Email:

Date of birth:

Gender:

Cause of blindness:

Have you (the student) ever attended another summer program or camp? When and where?

Contact for non-emergency and emergency situations

Primary contact Name:

Relationship to student:

Primary phone number:

Cell/Home/Work email address:

Is this person allowed to pick up student during or at completion of program?

Secondary Contact Name:

Relationship to student:

Primary phone number:

Cell/Home/Work email address:

Is this person allowed to pick up student during or at completion of program?

Does the student applicant have a Vocational Rehabilitation Counselor?

Vocational Rehabilitation Counselor's Name:

Phone:

Fax:

Email:

Address:

City:

State:

Zip:

Educational Information

What grade are you in now:

Name of school:

Are you an English Language Learner:

Name of TVI:

Phone:

Fax:

Email:

Can we contact TVI:

Primary reading mode (check one)

Braille:

Standard print:

Large print:

Audio books:

Audio (synthesized speech):

Other reading modes (check all that you use)

Braille:

Standard print:

Large print:

Audio books:

Audio (synthesized speech):

Mobility/Travel (check all that apply)

Long white cane:

Dog guide:

No mobility device:

Sighted guide:

Other:

How do you (the student) take notes in school (check all that apply)?

Slate and Stylus:

Perkins Brailler:

Large print (such as a marker):

Standard print:

Braille note taking device:

Cell phone or tablet:

Laptop:

Other:

What additional technology do you (the student) use?

Medical Information

Secondary conditions that may require accommodations:

Explain history of these medical conditions, serious injuries, illnesses, or hospitalizations. Please include anything you feel will be important the Leadership Program staff to know:

Doctor's name:

Address:

City:

State:

Zip:

Phone:

Health insurance Provider:

Policy/group number:

Phone:

Current Medications

Name of medication:

Medication is prescribed for:

Date prescribed:

Directions for usage:

Are you (the student) able to administer your medication independently, yes or no:

If no please explain:

Name of medication:

Medication is prescribed for:

Date prescribed:

Directions for usage:

Are you (the student) able to administer your medication independently, yes or no:

If no please explain:

Please list any medications you are allergic to and symptoms of your allergic reactions:

Please list any food allergies you may have and describe your reaction symptoms:

Other allergies:

Special dietary requirements:

Any additional information that will help us in working with you:

Application form completed by:

Please send this completed application to Director Garrick Scott at
LionsLeadershipProgram@gmail.com.