

STUDENT APPLICATION

DATE OF APPLICATION: _____

ACHIEVER INFORMATION

LAST NAME: _____ FIRST NAME: _____

GENDER: _____ DOB (mm/dd/yyyy): _____ YEARS IN THE PROGRAM: _____

E-MAIL ADDRESS: _____ CELLPHONE _____

SCHOOL NAME: _____ GPA: _____ GRADUATION YEAR: _____

PARENT/GUARDIAN INFORMATION

NAME: _____
Last Name *First Name*

STREET ADDRESS: _____

CITY: _____ State: _____ ZIP: _____

PHONE CONTACT _____

E-MAIL CONTACT: _____

ALTERNATE CONTACT (OTHER THAN PARENT/GUARDIAN)

RELATIONSHIP: _____

NAME: _____
Last Name *First Name*

EMERGENCY PHONE CONTACT _____

Are you involved in other activities (school, church, work, etc.)? Please identify:

How do you believe the Achievers program will benefit you?

- | | | |
|--|---|---|
| <input type="checkbox"/> Become a better leader | <input type="checkbox"/> Help me academically | <input type="checkbox"/> Understand who I am |
| <input type="checkbox"/> Get a good score on the SAT/ACT | <input type="checkbox"/> Visit colleges of interest | <input type="checkbox"/> Learn ways to resolve conflict |
| <input type="checkbox"/> Be a better team member | <input type="checkbox"/> Communicate better | <input type="checkbox"/> Improve social skills |