

PROJECT DISCOVERY STUDENT APPLICATION

Agency Name _____ School student is attending _____

ALL INFORMATION GIVEN ON THIS APPLICATION IS STRICTLY CONFIDENTIAL AND WILL NOT BE RELEASED WITHOUT A PARENT'S WRITTEN PERMISSION.

Please Print All Information

Today's Date: _____

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Street Address: _____ Apt. # _____

City _____ State _____ Zip _____ Phone _____ Cell _____

Email Address _____

Grade / Age / Gender (M/F) / Country of Birth / Soc Sec No. / Ethnicity

Directions to student's home: _____

Are you (student) employed? _____ If yes, please provide the following:

Place of employment _____

Employer's phone number _____

Are you a U.S. citizen _____ Naturalized citizen _____ Country of birth _____

FAMILY INFORMATION:

Applicant lives with (check one):

- both parents _____ father and stepmother _____
mother only _____ grandparent(s) _____
father only _____ guardian, please specify _____
mother and stepfather _____ other, please specify _____

Name of Parent/Guardian/Adult with whom applicant lives: _____

Parent/Guardian/Adult work place: _____ Work phone number _____

Parent/Guardian/Adult cell phone number _____ and email address _____

Number of people in household: _____

Are you eligible for free/reduced lunch? Yes _____ No _____

Has your mother attended college? Yes _____ No _____

Has your mother graduated from college? Yes _____ No _____

FOLLOW UP:

When you complete Project Discovery, it is extremely important that we keep in touch with you. With your cooperation, we will be able to continue to receive funding and to develop resources in order to help you if you need assistance. Please list below the names, addresses, and phone numbers of two people who will always know how to contact you.

Student's Signature

Date

PERMISSIONS:

I grant the following permissions to Project Discovery concerning my child _____

- permission to transport my child to and from activities.
- permission to seek medical care for my child in an emergency.
- permission to review and copy my child's permanent school record and any other school records necessary to assist my child or maintain eligibility for the program.
- permission for my child to participate in the promotion of Project Discovery.
- permission for my child's written statements or photos while involved in Project Discovery activities to be used for promotion of Project Discovery

- I understand that all the information given on this application is STRICTLY CONFIDENTIAL and no information will be released without my written approval.
- I further understand that my child is expected to adhere to the Project Discovery rules of conduct, which forbid use of illegal substances or engaging in any activity considered to be detrimental to the group or the individual, and that I will be required to pick up my child immediately if an infraction occurs.

Parent/Guardian's Signature

Date

Parent/Guardian's Email Address

/

Cell Phone Number

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**To be completed by Project Discovery staff:**

Name of Project Discovery site: \_\_\_\_\_

Name of person reviewing application: \_\_\_\_\_

Criteria for acceptance into Project Discovery (check all that apply):

Meets income guidelines \_\_\_\_\_

First generation college (Parent(s) has/have not received an associate or bachelor's degree) \_\_\_\_\_

Student receives free/reduced lunch or books \_\_\_\_\_

10% category \_\_\_\_\_

Date accepted into Project Discovery \_\_\_\_\_