

GO TO HIGH SCHOOL, GO TO COLLEGE

MENTORING PROGRAM APPLICATION

APPLICANT INFO

First:	Middle:	Last:
Date of Birth:	Age:	Shirt Size:
Street Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Email:

PARENTAL/GUARDIAN INFORMATION

With whom the applicant lives

Name:			Name:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:		
Email:			Email:		
Relationship:			Relationship:		

EMERGENCY CONTACT

Best person who is easily reachable in case of emergency

Name of relative not residing with you:		Relationship:
Address:		Phone:
City:	State:	Zip:

Any specific emergency contact instructions?

MEDICAL INFORMATION

In the event of any trips, activities, meals, etc.

Any Medical Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies (i.e. food, medication, seasonal, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to any of the above, please explain:	
Any specific emergency procedure instructions?	

Physician Name:	Address:	Phone:

APPLICANT EDUCATION INFORMATION

School Name:

Guidance Counselor:	Phone:	Email:
Year: <input type="checkbox"/> Middle School <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	GPA (based on 4.0 scale):	
What are your 2 favorite subjects:	1:	2:
What are your 2 least favorite subjects:	1:	2:
How would you rate your attendance?	<input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor	
Have you been suspended in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, why?
What are your post-graduate plans?	<input type="checkbox"/> Technical College <input type="checkbox"/> 4-year University <input type="checkbox"/> Military <input type="checkbox"/> Other	
If other, please briefly explain:		
Top 2 Colleges/Universities choices:	1:	2:
What do you plan to major in?		
What are your career aspirations?		

EXTRACURRICULAR ACTIVITIES

Do you participate in sports or activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you volunteer/perform community service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity	How often?	Activity	How often?
1:		1:	
2:		2:	
3:		3:	
4:		4:	
5:		5:	

APPLICATION CERTIFICATION

I _____ certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all information contained in this application as may be necessary in arriving acceptance into the Go to High School Go to College mentoring program. In the event of acceptance, I understand that false or misleading information given in my application may result in discharge from the program.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

GTHS-GTC - Liability Waiver for _____

(applicant)

RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the Xi Alpha Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. to obtain my consent, I hereby give permission for Xi Alpha Lambda to authorize any medical treatment or surgery in which a qualified physician or surgeon shall deem prudent for my child. I shall incur any costs associated from these actions.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

PHOTO RELEASE

I authorize the Xi Alpha Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. to use photos and/or other likeness of myself, my child, or the child for whom I have legal guardianship and who is participating in the Go to High School Go to College mentoring program for promotional materials regarding youth mentoring. Such likenesses will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the Xi Alpha Lambda Chapter's website. The Xi Alpha Lambda Chapter reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request by participant, parent or legal guardian.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

PARENTAL PERMISSION

I hereby give permission for my child to participate in the Go to High School Go to College mentoring program. I understand that the Xi Alpha Lambda Chapter of Alpha Phi Alpha Fraternity, Inc. are not responsible for personal injury or loss of property. I understand that participants are free to leave the program at any time. I agree to immediately update this application when any information changes or contact the Program Director should I have any concerns.

Signature of Parent/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____
