

Project **LEVEL**

THIS APPLICATION MUST BE COMPLETED, IN FULL, TO BE CONSIDERED FOR PROJECT LEVEL.
Please answer this application honestly, there are no wrong answers, we want to try to get to know you to the best of our ability.

STUDENT INFORMATION:

Name

Address

Street

City State Zip Code

Parent/Guardian Name Phone #

Parent/Guardian's Signature (if you are under the age of 18)

Email Address Sex: M F Age

Date of Birth SSN# Emergency Phone

EDUCATION:

	Name of School	Years Attended	Grad. Date
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you attend school this school year? Yes No

What grade and school?

Do you want to go to college? Yes No

What college?

What do you want to study?

CITIZENSHIP STATUS: Citizen Noncitizen Other

ETHNIC GROUP: White Black Asian/Pacific Islander
American Indian/Alaskan Hispanic

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, for what?

Are you working with a Probation/Corrections Officer? Yes No

If yes, what is the name of the Corrections Officer?

Do you have a disability (including any learning disabilities)? Yes No

If yes, specify type and limitations.

EMPLOYMENT:

Schedule	Place of Employment	Job Title
Mon.:	<input type="text"/>	<input type="text"/>
Tues.:	Employer Contact <input type="text"/>	<input type="text"/>
Wed.:	<input type="text"/>	<input type="text"/>
Thurs.:	<input type="text"/>	<input type="text"/>
Fri.:	<input type="text"/>	<input type="text"/>

Please list which interest you are most interested in, from 1-6 (1 being the highest- 6 being the lowest):

- | | |
|--------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Singing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Rapping | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Music Production/ Beat Making | <input type="checkbox"/> Marketing/ Public Relations/ Journalism |

Do you have any experience with any of the above interest? If yes, please explain?

Student Questionnaire:

There are no wrong answers; we just want you to express yourself to your best ability.

What do you like the most about school?

What don't you like about school?

If you can make money doing something that you love what would it be and why?

Where do you see your life in 5 years?

If you could direct your life how would your story go?

I certify that the facts provided on this application are true to the best of my knowledge. I am aware that the information I have provided is subject to review/verification, and I may have to provide documents to support this application. I am aware that I may be prosecuted for fraud and/or perjury.

Applicant's Signature

Date