



APPLICATION FOR ALEXANDER Y.E.S

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

D.O.B: _____ GENDER: _____ ETHNICITY: _____

HOME ADDRESS: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARENT(S)/GUARDIAN NAME: _____

PARENT(S)/GUARDIAN EMAIL ADDRESS: _____

PARENT(S)/GUARDIAN CONTACT PHONE NUMBER: _____

TOTAL COMBINED HOUSEHOLD INCOME:

PUBLIC ASSISTANCE/DISABILITY YES NO

\$0-\$49,999

\$50,000 TO \$99,999

\$100,000 TO \$149,999

\$150,000 TO ABOVE

CURRENT SCHOOL: _____

CURRENT GRADE: _____

AVERAGE/GPA: _____
(PLEASE PROVIDE A COPY OF YOUR LATEST REPORT CARD)

WHAT SCHOOL WILL YOU ATTEND IN SEPTEMBER 2017: _____

HOBBIES/EXTRA CURRICULAR ACTIVITIES INVOLVED IN (PLEASE LIST ANY VOLUNTEER, CHARITY, MISSIONS ALSO):

TELL US ABOUT YOUR PROUDEST MOMENT:

WHAT ARE SOME PERSONAL CHANGES YOU WOULD LIKE TO ACHIEVE WITHIN THE NEXT 5 YEARS?:

IF YOU COULD HAVE A CONVERSATION WITH ANYONE DEAD OR ALIVE WHO WOULD IT BE AND WHY?
(PLEASE USE A SEPARATE PAGE, TYPED)

I HEREBY AFFIRM BY MY SIGNATURE BELOW THAT ALL OF THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND UNDERSTAND THAT KNOWINGLY PROVIDING FALSE INFORMATION MAY RESULT IN THE DISQUALIFICATION FROM THE APPLICATION PROCESS OF THE ALEXANDER Y.E.S PROGRAM.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE