

2016 BOSS Program Application

DEADLINE TO APPLY: April 1, 2016

Form Personal Data (Please print)

LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH GENDER CURRENT GRADE LEVEL E-MAIL ADDRESS

HOME ADDRESS (NUMBER AND STREET OF BOX NO.)

CITY STATE ZIP CODE

PARENT/GUARDIAN 1 LAST NAME FIRST NAME DAY PHONE HOME PHONE

PARENT/GUARDIAN 2 LAST NAME FIRST NAME DAY PHONE HOME PHONE

HIGH SCHOOL GUIDANCE COUNSELOR COUNSELOR EMAIL

HIGH SCHOOL ADDRESS (INCLUDING ZIP CODE) HIGH SCHOOL PHONE FAX

The following information is requested solely for affirmative action and statistical purposes. It will not affect admission, and provision of this information is completely voluntary. Indicate your predominant ethnic background. PLEASE CIRCLE ALL THAT APPLY

Native American Alaskan Native Pacific Islander Asian American

White American Hispanic American African American Puerto Rican

Student with disability (explain) _____ Other (explain) _____

How did you and your parent/guardians hear about us? (Circle all that apply and provide as much detail as possible.)

Previous Participant Teacher Guidance Counselor

Received a brochure in the mail

Flyer (from where) _____ Web Site (give name) _____ Other _____

Guardian Consent

I approve of my son/daughter's application for this program and acknowledge that if my son/daughter is accepted into the program I will be responsible for transportation and the program fee (unless scholarship was applied for and approved).

PARENT OR GUARDIAN'S SIGNATURE DATE

Student's Signature