



## 2020 S.M.I.L.E. APPLICATION FORM

<b>First Name:</b>		<b>Last Name:</b>	
<b>DOB:</b>	<b>Cell phone:</b>	<b>Current GPA:</b>	
<b>Email address:</b>		<b>School attending and grade entering in Fall 2020:</b>	
<b>Home Address:</b>			<b>Apt:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Home phone:</b>
<b>County of residence:</b>			
<b>Name of Parent(s) or legal guardian:</b>			
<b>Parent/Guardian E-Mail Address:</b>	<b>(P/G) daytime phone #:</b>	<b>(P/G) Cell Phone #:</b>	
<b>Emergency Contact (other than P/G) :</b>			
<b>Name:</b>		<b>Phone #:</b>	
<b>Any special dietary restrictions, allergies or other medical issues we need to be aware of:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If Yes, What?</b>			
<b>Do you have any pending criminal charges in any court?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, please explain:</b>			

**Please write a brief statement explaining why you want to participate in this program:**

**By SUBMITTING this application, you agree that if you are selected to participate, you will not miss more than two sessions, you will abide by the rules of the program, and you will present yourself in a professional manner at all times.**

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian authorizing applicant's participation in this program**