

**Residence (Check one):**       Farm       Rural/10,000       Town/10-15,000  
    Suburb/50,000       City/50,000

Military Family::     Yes    A member of my family is in the Military or Reserves (Air Force, Army, Coast Guard, Navy, or National Guard).  
    No

Disability:             Yes    Do you require an accommodation for a disability to participate in this program?  
    No  
   Please Specify: \_\_\_\_\_

**Ethnicity (Check one):**       Hispanic       Not Hispanic

**Race (Check all that apply):**

White     Black     Am. Indian/Native Indian     Asian     Hawaiian/Pacific Islander     Other

**Parent Information:**

Primary Parent/Caregiver:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation (optional): \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_ Do you live with this parent/caregiver:     Yes     No

Legal Guardian (Check one):     Yes     No      Send Mailing (Check one):       Yes     No

Mentor for Independent Study project:  Yes     No

Additional Parent/Caregiver:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation (optional): \_\_\_\_\_ E-mail: \_\_\_\_\_

Relationship: \_\_\_\_\_ Do you live with this parent/caregiver:     Yes     No

Legal Guardian (Check one):     Yes     No      Send Mailing (Check one):       Yes     No

Mentor for Independent Study project:  Yes     No

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