



STUDENT APPLICATION (Winter 2012)

Please print or type

APPLICATION DATA

Name: _____ Birth Date: ____/____/____ Home Phone: _____
First Middle Last

Address: _____ City: _____ State: Mi. Zip: 482_____

____ Yes, I am a Detroit resident in the (Please indicate grade (6-9th)) _____ grade at _____
(School Name)

Mr. / Ms. _____ is my counselor. Current GPA: _____

Please indicate applicants: Age _____ (Gender) Male _____ Female _____ Race / Ethnicity: _____

Please check location: Detroit Community Schools _____ OR Cody HS _____

EMERGENCY DATA

Parent/Guardian's Name: _____
(First and Last Name) (Relationship to applicant)

Address: _____
(If different from applicant's address, please provide: street number, apt., city, state and zip code)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail address: _____

*** Does the applicant have any allergies or special medical / physical conditions that we need to know about?

(Please circle N if no) (If yes, please explain)

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. If asked by CAYF, I agree to provide proof of the information I have given on this application. I realize that if I do not provide proof when asked, I will not be considered for the RSP Program.

Applicant Signature: _____ Date _____/2011 / 12

Please fax or mail to: COLEMAN A. YOUNG FOUNDATION
Attention: Barry Hubbard, RSP Manager
2111 Woodward Ave., Ste 600; Detroit, MI 48201 ♦ FAX: (313) 962-2208 ♦ Phone: (313) 962-2200

THANK YOU FOR YOUR COOPERATION