



## PARENT APPLICATION (WINTER 2012)

Please return completed application or contact the Foundation ASAP because space is limited

(Please print or type)

NAME: _____ PHONE: _____			
FIRST	MIDDLE	LAST	
E-MAIL ADDRESS: _____			
ADDRESS: _____		CITY _____	/MI ZIP: 482 _____
GENDER: MALE / FEMALE _____		RACE: _____	
➤ Household Income: \$ _____		➤ Household Size (Total # of adults & children) _____	
➤ Is youth applicant eligible for Free Lunch Program? Yes _____ No _____			
HOW DID YOU HEAR ABOUT THIS PROGRAM? _____			
WOULD YOU BE INTERESTED IN THE PARENT LEADER TRAINING? YES NO MORE INFO _____			
DO YOU HAVE A CHILD CURRENTLY PARTICIPATING IN RSP? YES NO			
IF YES, WHERE DO THEY ATTEND SCHOOL? _____			
CHILD'S NAME: _____		GRADE LEVEL: _____	CURRENT GPA: ____.
IF APPLICABLE, PLEASE LIST AGES OF OTHER CHILDREN: _____			
WHERE DO THEY ATTEND SCHOOL? _____			
<b>EMERGENCY DATA</b>			
WHOM SHOULD WE CONTACT IN THE EVENT OF AN EMERGENCY? _____			
NAME			
_____			
RELATIONSHIP		PHONE	ALTERNATE PHONE
_____		_____	_____
ADDRESS	CITY	STATE	ZIP
_____	_____	_____	_____
DO YOU HAVE ANY ALLERGIES OR SPECIAL MEDICAL/PHYSICAL CONDITIONS OR DIETARY NEEDS THAT WE NEED TO KNOW ABOUT?			
_____			
_____			
APPLICANT'S 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