

# ALLIANCE AFTER SCHOOL SUPPORT AND SUMMER APPLICATION



Dear Parents and Applicant:

Thank you for your interest in Alliance After School Support Program. Please fill out this application form completely. Date:

Applicant's name:			DOB:		Gender: <input type="checkbox"/> male <input type="checkbox"/> female			Grade:	
Ethnicity: White		Hispanic		African American		Asian		Other	
Address:									
Parent/Guardian Name:							Phone:		
Cell:					Email:				
Emergency Contact:					Phone:		Relationship to youth:		

## Academics

Name of School Attending:	
Name of School Counselor/Teacher:	Phone:
Portal ID:	

Referral Needs; please rate 1 – 5 (5 being the highest)

	Academic Issues		Behavioral Issues		Delinquency		Vocational Training
	Self-Esteem		Study Habits		Social Skills		Peer Relationships
	Family Issues		Special Needs		Attitude		

**Other (please explain):**

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Parent/Guardian Signature

Date