



Stafford Learning Center's  
**EARN AND LEARN 2018**  
Summer Program Application

Student's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

What is the best way to contact you? (Please check one)  E-Mail  Home Phone  Cell Phone

Date of Birth: \_\_\_\_\_ Gender:  Female  Male  Other \_\_\_\_\_

Name of Parent/Guardian 1: \_\_\_\_\_

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

Parent E-Mail Address: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

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

Parent E-Mail Address: \_\_\_\_\_

Name of High School You Attend: \_\_\_\_\_

Referred By: (Name of Guidance Counselor, Case Manager or Teacher) \_\_\_\_\_

**What would you like to accomplish in this program?** (For example: resume development, application completion, improve work skills, identify career interests...) \_\_\_\_\_

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**What do you hope to be doing three years from now?** (For example: attending school, working, in the military...) \_\_\_\_\_

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**List 5 types of jobs/careers you are interested in:** (this information will help us find you an internship)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Special Ed. Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Parent signature required for students under age 18:***

I hereby give permission for \_\_\_\_\_ to apply to Strafford Learning  
Center's EARN AND LEARN 2017 Summer Program.  
(Student Name)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name:** (please print) \_\_\_\_\_