



## High School Application

**High School Students** please complete the application below to the best of your ability, Parent(s) Guardian(s) Teachers or Counselor's assistance may be required.

Today's Date \_\_\_\_\_ Gender: Male  Female

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Birthday: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

What grade are you in? \_\_\_\_\_ Name of High School: \_\_\_\_\_

Major or Career Goal: \_\_\_\_\_ College/ Institution Planning to Attend: \_\_\_\_\_

GPA: \_\_\_\_\_ School Offices Held: \_\_\_\_\_

Work Experience: \_\_\_\_\_

### Emergency Contact Name

Phone Number \_\_\_\_\_ Relationship to Student \_\_\_\_\_

### Student Medical Information

Please list any medical conditions you would like the reps to be aware of:

\_\_\_\_\_

Do you have any allergies?

\_\_\_\_\_

**Check off the words that best describe you:**

- \_\_\_ Quiet                    \_\_\_ Helpful                    \_\_\_ Popular                    \_\_\_ Funny                    \_\_\_ Active
- \_\_\_ Sad                    \_\_\_ Adventurous                    \_\_\_ Outgoing                    \_\_\_ Friendly                    \_\_\_ Calm
- \_\_\_ Lonely                    \_\_\_ Shy                    \_\_\_ Happy                    \_\_\_ Loud                    \_\_\_ Hopeful
- \_\_\_ Talkative                    \_\_\_ Moody                    \_\_\_ Cautious                    \_\_\_ Serious                    \_\_\_ Giving

What are your favorite subjects in school? \_\_\_\_\_

What subjects do you find challenging? \_\_\_\_\_

Share two things you love to do? \_\_\_\_\_

Share two things you don't like to do? \_\_\_\_\_

What qualities do you admire in an adult? \_\_\_\_\_

What type of business would you like to start as an entrepreneur? \_\_\_\_\_

\*\*\*\*\*

**List your favorites.....**

Music Group \_\_\_\_\_ Book/Story \_\_\_\_\_

Physical Activity \_\_\_\_\_ Celebrity \_\_\_\_\_

Movie \_\_\_\_\_ Things to do in your free time \_\_\_\_\_

**Head of Household Information:**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

**Certification:**

I certify that all information provided on this application has been completed honestly and to the best of my ability. I agree to inform ECIER Foundation/City of Gary of any changes that may affect the processing of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of School Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for submitting your application, all information will be kept confidential.