

Blessing of Summit & Portage Counties, Inc.

Student Application

Name _____ Address _____

Home Phone _____ Cell Phone _____ Age _____

Email _____ Facebook _____

School _____ Grade _____ School Counselor _____

Child's Name _____ Child's Birthday _____

Child's Legal Guardian _____

Have you read the Student Handout sheets? Yes No

Given the Student Qualifications, do you qualify for participation in the Blessing program? Yes No

Do you intend to fulfill the student commitments as presented in the Student Handout sheets? Yes No

Do you currently have childcare arrangements? (If yes, explain) Yes No

Have you ever used non-prescription drugs or alcohol? (Explain if necessary) Yes No

In what ways do you see this program benefiting you and your child?

Please describe your present experience with any religious organization.

On the next page, please supply three character references who are 21 years or older.
One must be from your GRADS, Family & Consumer Sciences teacher, or Guidance Counselor.
One must be a non-family member.

Name _____ Title _____

Address _____

Number & Street	City	State	Zip Code
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Phone Number _____

Name _____ Title _____

Address _____

Number & Street	City	State	Zip Code
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Phone Number _____

Name _____ Title _____

Address _____

Number & Street	City	State	Zip Code
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Phone Number _____

The answers and information I gave above are accurate to the best of my knowledge.

Signature

Date