HILDENE YOUTH CORPS

July 10-21, 2023 APPLICATION FORM

Applicant Name:	
Date of Birth:	Current Grade:
Parent/Guardian Name:	
Home Phone Number:	Hildene Member: Yes / No
Parent/Guardian Email:	Applicant Email:
Mailing Address:	
	State: Zip:
T-Shirt Size (Adult): XS S M	L XL
Name of School:	
Teacher's Name:	
Teacher's Phone Number:	Email:
Principal's Name:	Email:
	Tilliderie Toditi Corps.
Applicant Signature:	Date:
Parent/Guardian Signature:	Date:
Confirmation Process: Within two weeks of H	Hildene receiving your application, a meeting
will be scheduled with you and your guardia	n(s). Upon acceptance into the program, your
slot is assured when Hildene has received fu	Il navment

