

HILDENE YOUTH CORPS

July 8 - 19, 2019
APPLICATION FORM

Applicant's Name: _____

Date of Birth: _____ Current Grade: _____

Home Telephone Number: _____ Email Address: _____

Home Mailing Address: Street or PO Box: _____

City: _____ State: _____ Zip: _____

T-Shirt Size: Adult: S ___ M ___ L ___ XL ___ Youth: S ___ M ___ L ___ XL ___

Why are you interested in participating in the Hildene Youth Corps? _____

Name of School: _____

School Telephone Number: _____

School Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Teacher's Name: _____ Email Address: : _____

Teacher's Telephone Number: _____ Extension: _____

Principal's Name: _____ Email Address: _____

Signature: _____ Date: _____

Print your name: _____

Parent's Signature: _____ Date: _____

Print your name: _____

Confirmation Process:

Within two weeks of Hildene receiving your application, a meeting will be scheduled with you and your guardian(s). Upon acceptance in the program, your slot is assured when Hildene has received full payment.