

HILDENE YOUTH CORPS

July 6-17, 2020

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: _____

City: _____ State: _____ Zip: _____

T-Shirt Size (Adult): S ___ M ___ L ___ XL ___

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

Name of School: _____

Teacher's Name: _____

Teacher's Phone Number: _____ Email: _____

Principal's Name: _____ Email: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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.