



Application 2010

Please print clearly.

CONTACT INFORMATION

Student Name: _____

Home Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email Address: _____

PARENT/GUARDIAN EMERGENCY INFORMATION

First Parent/Guardian Name: _____

Day Phone: _____ Evening Phone: _____

Relationship to the Student: _____

Second Parent/Guardian Name: _____

Day Phone: _____ Evening Phone: _____

Relationship to the Student: _____

GENERAL INFORMATION

Check which applies: Employed Full-time Employed Part-time Student Other

Are you a high school graduate? Yes No

If "No," are you currently enrolled in school? Yes No

If currently enrolled, which school do you attend? _____

What is your current grade? _____ When do you expect to graduate? _____

PCAT PROGRAM INTEREST

Check the PCAT programs for which you would like to apply:

<input type="checkbox"/> Orchestrating Leadership	<input type="checkbox"/> A New Path to Graduation in Northwest Philadelphia	How are these career tracks related to your personal goals? _____ _____ _____
<input type="checkbox"/> Music Means Business	<input type="checkbox"/> Teens-Go-Green™ in Northwest Philadelphia	
<input type="checkbox"/> Mural Corps	<input type="checkbox"/> Seeds for Learning in Northwest Philadelphia	
<input type="checkbox"/> Technology Is Power™ Seminar (TIPS)	<input type="checkbox"/> Graphic Design Certificate Program	
<input type="checkbox"/> Adult Technology Is Power™ Seminar (TIPS)		

I am interested in applying for PCAT programs. If I am selected as a participant, I certify that I will do my best to make the most of this opportunity.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if applicable): _____ Date: _____