

Application for the ROOTS Program

Summer 200__

Academic Year 200__

Student's Name: _____ SSN _____

Date of Birth: _____ Born in (Country of origin) _____

Gender Male; Female

Your Race/ Ethnicity is (check one)

African-American Non Hispanic; White Non-Hispanic; White

American Indian/Alaskan native; Asian/Pacific Islander

Street Address _____ Town _____

Zip _____ Phone: (____) _____ Cell Phone: (____) _____

Current School you are attending _____ Grade _____

FOR ROOTS SUMMER PROGRAM ONLY:

School you will attend on September _____ Grade _____

Name of Parent or Guardian _____

With whom do you live?

Mother and Father

Mother Only

Father Only

Grandparent(s)

Aunt or Uncle

Legal Guardian

How many people live in your household? _____

Are you eligible for free lunch? Yes; No

What is your approximate annual family income (in Thousands of Dollars)? _____

Highest education level completed by your: Mother Father

Through 8th. Grade

Some High School

Completed High School

GED

Some College

Associate Degree

Bachelor's Degree

Master's Degree

Doctorate

Unknown

Parent/Guardian Signature

Date