APPLICANTS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_



PARENT/GUARDIANS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: ( ) - E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the box below, tell us why you should be chosen to receive this sponsorship. Let us know how this program would benefit you and your life. Include what you plan to do with the skills you develop through this program. Should you need more space to answer these questions, please feel free to continue on the back.

By submitting this application, I understand that this is a 12-week program. Should my name be chosen, I pledge to commit myself 100% to the duration and involvement of this program understanding that it is an honor to have this opportunity.

 Applicants Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I understand that this is a 12-week program. Should the above child be chosen, I will ensure he/she has reliable transportation each week. I commit to supporting this child in the program because I understand that this is an incredible opportunity.

 Parent/Guardians Signature X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please e-mail the completed form to generationsmarketplacealc@gmail.com no later than April 1st, 2024. If you are unable to submit your application this way, please contact us. Thank you.