



# Trellis for Tomorrow Program Application

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## YOUTH PARTICIPANT INFORMATION

Program Applying For: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_ Best way to reach you: Cell E-mail Home Phone

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Gender:  FEMALE  MALE  OTHER

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_

Race: African-American Asian White Hispanic Multi-Racial Other \_\_\_\_\_

## PARENT(S)/GUARDIAN(S) INFORMATION (No need to fill out address if same as student)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_ Best way to reach you: Cell E-mail Home Phone

Relationship to Participant: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (If the above named individuals are not available in the event of an emergency, please contact)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_ Best way to reach you: Cell E-mail Home Phone

Relationship to Participant: \_\_\_\_\_

Please give this form and all application materials to:

**Hannah Davis, Trellis for Tomorrow**

610-321-9876 x109

**hdavis@trellis4tomorrow.org**