



YOUTH PARTICIPANT INFORMATION

Program Applying For: _____

Have you participated in any other Trellis for Tomorrow Programs? No Yes

If yes, what program(s)? _____ And what year(s)? _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student's Cell Phone: _____

Student's Email: _____

Current School: _____ Current Grade: _____ Graduated: _____

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

Gender: FEMALE MALE OTHER _____ Date of Birth: ____/____/____ Current Age: _____

Race: African-American Asian White Hispanic Multi-Racial Other _____

PARENT(S)/GUARDIAN(S) INFORMATION - **If living at home/with a parent or other guardian.**

Parent/Guardian: Mother & Father Grandparent Aunt/Uncle _____

Last Name: _____ First Name(s): _____

Home Phone: _____ Cell Phone: _____

Email: _____

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

PLEASE PROVIDE HOUSEHOLD & INCOME INFORMATION: **THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY.**

TOTAL NUMBER of PEOPLE in the HOUSEHOLD (you plus everyone else): _____

TOTAL HOUSEHOLD INCOME - Check One:

___ 0 -- \$50,000

___ \$50,001 -- \$75,000

___ \$75,001 or more

Please return this form to: Bob Steininger, Trellis for Tomorrow

Fax: 610-321-0995

E-mail: bsteininger@trellis4tomorrow.org