

Student Information		
First Name	Middle Name	Date of Birth
Last Name		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address		Parent Phone
City		Home Phone
State	Zip Code	Student & Parent E-mail
Preferred Method of Contact (check one): Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/>		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
Current School	Current Grade	T-Shirt Size
Current GPA (this will be verified)	Graduation Year	
Racial Background (please check all that apply): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black /African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other (please explain) _____		
General Information		
Are you currently receiving free or reduced cost lunches? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has anyone in your immediate family graduated from college? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who?		
Travel Experience		
How interested are you in discovering your city of Detroit? (please circle one) Very interested Somewhat interested Not really interested		
Do you want to attend a 4-year college? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What colleges are you interested in attending?		
What subject are you interested in studying?		
Do you have access to the following items: Photo I.D. Yes <input type="checkbox"/> No <input type="checkbox"/> Social Security Number Yes <input type="checkbox"/> No <input type="checkbox"/> Birth Certificate Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please rate your interest in visiting and exploring the following locations (please check one):		
Very interested Somewhat interested Not really interested Detroit: Toronto, Canada: Barbados, Caribbean:		
Are your parents comfortable with the idea of you potentially traveling internationally? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain:		

Legal Information

Have you ever been convicted of a felony or a misdemeanor? Yes No

If yes, please explain:

Are any charges, including traffic offenses, civil suits, or judgments outstanding against you? Yes No

If yes, please explain:

Have you ever been suspended from school? Yes No

If yes, please explain:

Life Experience

Please answer the following questions by circling a response on the right. If you answer maybe or no, please explain your answers.

Yes / Maybe / No

Are you interested in having new experiences and developing new skills?

We encourage an environment which we all support one another. Are you willing to promote this culture and be a part of the Atlantic Impact team?

Atlantic Impact requires high attendance. If you are selected, will you attend regularly?

Part of the program requires that you organize and present information to your classmates. Are you comfortable this?

We like to take pictures during program sessions. Are you okay with this?

Periodically, Atlantic Impact may require a nominal amount of \$10-\$20 to cover certain costs throughout the year. Are you okay with this?

Part of the program is about discovering new things by being out and about. As a result, you will be walking a lot. Are you okay with this?

Sometimes you may be asked to serve as a group leader or take on a leadership role. Are you interested in becoming a leader among your peers?

It is expected that you will continue your participation in Atlantic Impact throughout your time in high school. Are you okay with this?

Why are you interested in joining Atlantic Impact, and what skills and talents do you have that can make a positive impact in your school and the Atlantic Impact community?

This is an opportunity for the selection committee to get to know you better. Please answer the question above to the best of your ability. Responses should be no more than two pages and can be handwritten or typed. In answering this question, please feel free to describe your community (e.g. church, civic, club) and school activities or volunteer involvement, explain your educational and career goals, and how Atlantic Impact can help you accomplish those goals.

I certify that the information in this application is correct to the best of my knowledge, and I understand that misrepresentation of any part of this program can result in my expulsion from the program.

Student Signature _____ Date _____

As the parent/guardian of this applicant, I certify that I understand that my child is applying to this program, and I agree to the rules and requirements necessary for my child's participation. Additionally, I understand that my child will be documented through this process, which includes, but is not limited to, photos, video, and written or oral statements from my child being used on the organization's website and other social media.

Parent/Guardian Signature _____ Date _____