



_____ Date

Jacob's Ladder Enrichment Program
APPLICATION

Name of Applicant _____

Complete Address _____

Street, Route, or Box City State Zip

Social Security Number _____

Date of Birth _____

Gender: _____ Male _____ Female Current Grade _____

Name of School _____

School Address _____

Street, Route, or Box City State Zip

Person to contact at school _____

Phone Number _____ e-mail _____

Name of parent or person with whom applicant resides:

Name _____

Phone Number _____

Address _____

Street, Route, or Box City State Zip

Name of another person who knows the applicant well, such as his/her minister, coach, playground director, adult friend: _____

Phone Number _____

Number of _____ brothers _____ sisters living at home

Total number of people living at home _____

Income of the household: _____ \$0 to \$10,000 _____ \$10,000 to \$20,000

_____ \$20,000 to \$30,000 _____ \$30,000 & up

Is the applicant on a reduced fee or free lunch plan? _____ Yes _____ No

I hereby give my permission to Jacob's Ladder to receive a copy of my child's student record. I understand this information will remain confidential.

Signature of Parent/Guardian _____ Date _____

To Be Completed by Student

STUDENT INFORMATION

Please write a short paragraph about the activities and organizations that you enjoy such as church, choir, scouts, sports, reading, etc. Please tell of any special part you have in these activities.

Please list any scholastic honors you have won in school such as honor roll, spelling bee, math award, art show, music, etc.

Signature of Applicant _____

Return application to:

**W. Aubrey Hall,
Executive Director
Jacob, s Ladder, Inc.
P. O. Box 555
Urbanna, Virginia 23175-0555**

e-mail: contact@jladder.org
fax: 804-758-8175
website: www.jladder.org