projectSTEP

Symphony Hall 301 Massachusetts Avenue Boston, MA 02115 info@projectstep.org

FOCUS PROGRAM 2011

STUDENT APPLICATION

_____ _____ _____ _____ _____

Student Name Gender Age Date of Birth

Ĭ African American
Ĭ Latino
Ĭ Native American

_____

Street City ZIP

_____

Parent(s) or Guardian(s) Names

_____

Home Telephone Cell/Work Telephone E-mail

_____ _____ _____

School Town Grade

_____ _____ _____ _____

Name of school personnel recommending student (if applicable) Position

Parent's Statement of Commitment:
I have read and understand the FOCUS program description. I would like my child, _____ to apply to the program. I understand that if accepted, I am committed to bringing my child regularly to classes and to keep the *FOCUS* program updated with any changes in the above information.

_____
Parent/Guardian Signature

_____
Date

Please mail/fax this form along with the <u>$35 registration fee</u> (check or money order payable to Project STEP) <u>before January 7, 2011</u> to:

Project STEP
Symphony Hall
301 Massachusetts Avenue
Boston, MA 02115

Or by fax: 617-536-3676

PLEASE NOTE: Acceptance notifications will be sent by email <u>after</u> January 7th, 2011.