



"Catching the Dreams of Tomorrow. Preparing Young Women for the 21st Century."

PARTICIPANT APPLICATION FORM

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

City State Zip Code

Email: _____

Date of Birth: _____ Age: _____ Current Grade: _____

School Name (Please give FULL name): _____

Location (City): _____ GPA: _____

Favorite School Subjects: _____

Extra-Curricular Activities: _____

Hobbies: _____

Your Talent (What you do best and most like to do): _____

What do you want to get from participating in the Dr. Betty Shabazz Academy?: _____

What Subjects do you need help with most?: _____ Science _____ Math

Career Aspirations?: _____

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____