



## LEAN-ON-ME MENTORING PROGRAM PARTICIPANT APPLICATION



Student Name						Ą	ge _		Race	
Address										
City/State/Zip								Hom	e Phone	
Parent Name(s)						Emergency Phone				
School						Gr	ade		Unit _	
T-shirt size (Please circle one)								XL	2XL	
Student Interests										
Problems in School										
Has the student been suspended, s	erved in lor	ng-terr	n dete	ention, a	nd/o	r bee	n se	nt ho	me from scl	100l?
If yes, what was the reason?										
List changes in the family, such as	divorce, se	paratio	on fro	m a love	d on	ıe, de	ath i	in the	family, cha	nge of
address or school, etc, which might	have some	affec	t on t	he stude	nt:	_				
List all of the people currently living	j in the hou	sehol	d, and	l their re	latio	n to t	he a	pplica	ant:	
I give permission for my child to pa Program. I understand my child wil will meet at least once a week for a to be provided to my child or family meeting session. Additionally, I he story regarding FSBGC's Lean-On-I	I work one- minimum o . I will cont reby give m	on-on f thirty act th y perr	e with y (30) e Boy nissio	an adul minutes s & Girls on for my	It me . I w s Clu / chi	entor a vill no ub if n ld to	at th t ex <sub>l</sub> ny cl appe	e Boy pect a hild is ear in	s & Girls Cl ny financial unable to a	lub, and I means attend a
Parent Signature						 Date				