



STUDENT APPLICATION CHECK LIST

PARENTS/STUDENTS:

In order for your application to be considered,

1. Every item on the APPLICATION must be filled in;
2. All the items on the CHECK LIST below must be checked and signed by the parent;
3. The application, this Check List, and your 500 word essay **MUST** be emailed or delivered to Ms. Jackie Bryson, Administrative Assistant, at jbryson@atlantabusinessleague.org.
Address: 931 Martin Luther King, Jr. Dr., Atlanta, GA, 30314
4. The **DEADLINE** for submission is 5:00 p.m., **Friday, April 24, 2015.**

CHECK LIST:

- Parent contact phone numbers: home, office, and cell
- Student Social Security number
- Student Current Georgia ID, or Drivers License Number
- Email address for student and parent
- Emergency Contact Information
- Agree to dress code as described in the Fact Sheet (*Strongly enforced*)
- **Requirement:** Attendance at Awards Ceremony, 8/4/2015
- Student writes a 500 word essay re: "What I hope to learn from the program; and my hopes and plans for the future." Must be typed and double spaced.
- Student's resume
- A meeting prior to the start of the program will be held to answer all questions regarding the program
- Signature of parent and student on both application and check list

PARENT SIGNATURE: _____ Date: ____/____/____

STUDENT SIGNATURE: _____ Date: ____/____/____



STUDENT APPLICATION FORM

PLEASE PRINT (APPLICATION MUST BE COMPLETED BY THE STUDENT AND SIGNED BY PARENT)
PROGRAM BEGINS ON JUNE 1, 2015 AND ENDS JULY 31, 2015

Student Name:	Date:	/	/
Address:			
City:	State:	Zip:	
Home Phone: ()	Cell: ()		
Student E-mail address:			
Parent/Guardian Name:			
Phones: Office ()	Home ()	Cell ()	
Parent/Guardian E-mail address:			
Student Information			
Birth Date:	/	/	Current Age:
Georgia ID () or Driver's License Number ():			
Aug., 2015 Grade Level:	School:		
What profession are you interested in and why?			
Why do you want to participate in this program?			
What kinds of businesses would you like to visit?			
Emergency Contact Name:	Phone(s):	()	()
Does student have current health insurance? Yes() No()			
My child will be available for a mandatory attendance at the Awards Ceremony on August 4, 2015 ?			
Yes() No()			
Parent/Guardian Signature :	Date:	/	/
Student Signature :	Date:	/	/
<p>Please email or deliver this completed and signed form AND the signed check list to Ms. Jackie Bryson, Administrative Assistant, at jbryson@atlantabusinessleague.org by April 24, 2015.</p> <p>Address: 931 Martin Luther King Jr. Drive, Atlanta, GA 30314 Phone: 404-584-8126</p>			

