



## 2015 - 2016 STUDENT APPLICATION

Name: \_\_\_\_\_  
First Middle Last DOB (mm/dd/yy)

Address: \_\_\_\_\_  
Street City State Zip

Student Mobile Phone: \_\_\_\_\_ Student Email address: \_\_\_\_\_

High School: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
First Middle Last

Parent Mobile Phone: \_\_\_\_\_ Parent Email address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
First Middle Last

Parent Mobile Phone: \_\_\_\_\_ Parent Email address: \_\_\_\_\_

**TRANSPORTATION HOME:** I grant permission for All THAT representatives to transport my child home in a vehicle owned and insured by the above named business. I understand that all such trips will be supervised and that all health and safety precautions will be taken.

\_\_\_\_\_  
(Date) (Signature of Parent or Guardian)

**PHOTO RELEASE:** I grant permission for All THAT representatives to take and use: photographs and/or digital images of my child for use in promotional materials and/or electronic communications. My child's name and identity may not be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of All THAT - Teens Hopeful About Tomorrow.

\_\_\_\_\_  
(Date) (Signature of Parent or Guardian)

*We mentor teenaged youth – helping to improve their academics, social skills, and relationships with others. We not only expose participants to the world of work and potential career paths, but we promote and highlight the skills they need to succeed.*

# Applicant Information

All THAT receives funding through the **Ohio Department of Education** to conduct this mentoring program. The information is kept strictly confidential and we only we only report information by category on an annual basis. If you have any questions, please feel free to contact Danella Hicks at 614-745-0007.

**Please indicate your child's race/ethnicity:**

- White/Caucasian**     
  **Black/African American**     
  **Asian**     
  **American Indian/Alaskan Native**  
 **Native Hawaiian/Other Pacific Islander**     
  **American Indian/Alaskan Native and White**     
  **Asian and White**  
 **African American and White**     
  **American Indian/Alaskan Native and Black**     
  **Other Multi-Racial**

**Please circle your annual income based on the number in your household and/or enter the amount in the space provided:**

Number of persons in your household	1	2	3	4	5	6	7	8
<b>A</b>	<b>24,850</b>	<b>28,400</b>	<b>31,950</b>	<b>38,350</b>	<b>38,350</b>	<b>41,200</b>	<b>44,050</b>	<b>46,900</b>
<b>B</b>	<b>14,950</b>	<b>17,050</b>	<b>20,090</b>	<b>24,250</b>	<b>28,410</b>	<b>32,570</b>	<b>36,730</b>	<b>40,890</b>
<b>C</b>	<b>39,800</b>	<b>45,450</b>	<b>51,150</b>	<b>56,800</b>	<b>61,350</b>	<b>70,450</b>	<b>70,450</b>	<b>75,000</b>
<b>D</b>								

## STUDENT PERFORMANCE DATA

I hereby grant All THAT staff permission to discuss my child's performance as it relates to attendance, academic performance and behavioral issues for the 2015 – 2016 school year. All THAT will communicate regularly with school administration and I understand that All THAT's use of student information is solely for education purposes and will remain confidential.

**Student:** \_\_\_\_\_  

Print name
Signature
Date

**Parent/Guardian:** \_\_\_\_\_  

Print name
Signature
Date

If you have any questions, please contact us at **(614) 745-0007** or email us at **info@all-that.org**.

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