



HAMPTON ROADS COMMITTEE OF 200+MEN APPLICATION FOR SCHOLARS ACADEMY

Please Print All Information Clearly

PERSONAL

Name _____ DOB _____ AGE _____

Street Address _____ City _____

State _____ Zip _____ Home Phone () _____

Student Cell _____ Parent Cell _____

Student Email _____ Parent Email _____

Mother's Name (Guardian) _____

Father's Name (Guardian) _____

Mother's Occupation _____ Father's Occupation _____

Mother's Work # _____ Father's Work# _____

ACADEMIC

Classification/Grade: _____ G.P.A. _____ No. Credits: _____

Honors and Awards:

List courses enrolled in this fall: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Course you enjoy the most: _____ Least: _____

Career-choices: 1. _____ 2. _____ 3. _____

Transportation: I have the means to get my son to and from meetings and if necessary the events.

___ Yes ___ No

HOBBIES & INTERESTS (check all that apply)

Musical Instruments: Name 1. _____ 2. _____ 3. _____

Interest: Sing Dance Public Speaking Football Basketball Baseball Track Tennis
 Other _____

Club, Community, and Leadership Activities: _____

What college or school would you like to attend and why? _____

Why do you want to participate in the Scholars Academy? _____

RELEASE OF GRADES/BEHAVIOR REPORTS/ATTENDANCE REPORTS

I hereby give my permission for the HRC of 200+Men to have access to my child’s grades and progress reports to assist with improvement in academics, attendance, behavior and study habits while enrolled in this program. I further grant the release of behavior and attendance records. I understand that the HRC of 200+Men will uphold this information with the utmost confidentiality.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the HRC of 200+Men to obtain my consent, I hereby give permission for HRC to authorize any medical treatment or surgery in which a qualified physician or surgeon shall deem necessary for my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

In case of an emergency, which hospital or urgent care do you prefer to have your child transported?

Hospital/Urgent Care Facility: _____ Phone _____

Primary Care Physician’s Name: _____ Phone _____

Medical condition(s) we need to be aware of: _____

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the HRC of 200+Men Scholars Academy, which may include travel to local, regional, and some instances out of state events. I understand that the HRC of 200+Men is not responsible for personal injury or loss of property. I understand that the success of my child’s membership is contingent upon my participation in the program. I agree to immediately update this application when any of the information changes and also annually.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Return Application To: **Hampton Roads Committee of 200+Men Scholars Academy**
P.O. Box 99013
Norfolk, VA 23509