



## **SCHOLARS ACADEMY UPDATED APPLICATION COMPLETING FORM INSTRUCTIONS**

**OPTION #1:** Print, Sign and Mail-In Form

- 1) Fill-in the form online.
- 2) Print the completed form.
- 3) Sign the form and mail to:

The Hampton Roads Committee of 200+ Men Inc.  
P.O. Box 99013  
Norfolk, VA 23509

4. OR, scan and email the signed form to: [Icherryhr200plusmen@yahoo.com](mailto:Icherryhr200plusmen@yahoo.com)

**OPTION #2:** Sign Digitally and Email Form

- 1) **Download** and **save** the blank form first! If you skip this step and fill out the form in your browser you will not be able to sign the form. If you download the file after you have completed the form all of your input will be lost.
- 2) If you don't have an Adobe Digital signature you will be prompted to create one in order to sign the form.
- 3) Once you have completed the form just click on the submit button—that's it.

**GET STARTED**

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This portion to be completed by STAFF ONLY  
DATE RECEIVED:



## HAMPTON ROADS COMMITTEE OF 200+MEN APPLICATION FOR SCHOLARS ACADEMY

**INSTRUCTIONS:** Fill in this form and submit electronically OR print the completed form and mail it in.

### 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

Grade This Fall: \_\_\_\_\_ G.P.A. \_\_\_\_\_ No. Credits: \_\_\_\_\_ School Attending in Fall: \_\_\_\_\_  
(Example, 6th, 7th, 8th, 9th, etc.)

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. \_\_\_\_\_

T-shirt Size: SMALL MEDIUM LARGE X-LARGE XX-LARGE

**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? \_\_\_\_\_

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**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**