



**WAYFINDERS**  
HELPING OPPORTUNITY FIND EVERY CHILD

## 2020 WAYFINDERS SCHOLAR APPLICATION

### CONTACT INFORMATION:

STUDENT'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

STUDENT'S SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S STREET ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

STUDENT'S E-MAIL (if applicable): \_\_\_\_\_ STUDENT'S CELL (if applicable): \_\_\_\_\_

STUDENT'S T-SHIRT SIZE (circle): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL(S): \_\_\_\_\_

WORK PHONE(S): \_\_\_\_\_

E-MAIL ADDRESSES: \_\_\_\_\_

WHAT IS THE BEST WAY TO REACH YOU? (Please circle) Cell Phone E-mail Home Phone Work Phone

DO YOU HAVE LEGAL CUSTODY OF THE STUDENT? Yes No

IS THERE SOMEONE WHO SHARES LEGAL CUSTODY OF THE STUDENT? Yes No

IF YES, THEIR NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

IF YES, ARE THEY AWARE & SUPPORTIVE OF THE CHILD'S PARTICIPATION IN OUR PROGRAM? Yes No

EMERGENCY CONTACT NAME (**other than parent/guardian**): \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

EMERGENCY CONTACT EMAIL: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN IN THE HOME: \_\_\_\_\_

SECONDARY LANGUAGE SPOKEN IN THE HOME, IF ANY: \_\_\_\_\_

FAMILY RELIGIOUS AFFILIATION, IF ANY: \_\_\_\_\_

STUDENT'S RACE/ETHNICITY (Please circle): American Indian/Alaska Native Asian/Pacific Islander

Black/African American Hispanic/Latino White Multi-race

NATIONALITY/COUNTRY OF ORIGIN: \_\_\_\_\_

1. STUDENT'S LIVING SITUATION (Please circle):

two-parent household      one-parent household (female or male)  
other relative (non-parent)    foster home    group home    other \_\_\_\_\_

2. PARENT/GUARDIAN'S HIGHEST END OF EDUCATION (Please circle):

Did not finish High School    High School    Associates Degree (2 years)    Bachelor's Degree (4 years)  
Masters    Doctorate

3. DO YOU ANTICIPATE ANY SIGNIFICANT LIFE CHANGES OVER THE NEXT YEAR OR HAVE YOU HAD ANY IN THE PAST YEAR, SUCH AS MOVING?    Yes    No

(If yes, please explain):

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4. DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT MIGHT AFFECT HIM OR HER PARTICIPATING IN ACTIVITIES WITH OUR PROGRAM?    Yes    No

(If yes, please explain):

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5. IS THE PARENT/GUARDIAN RECEIVING ASSISTANCE WITH HOUSING (E.G. SECTION 8, RESIDENCE IN PUBLIC-HOUSING, ETC.?)    Yes    No (If yes, name of housing development): \_\_\_\_\_

6. IS THE CHILD ELIGIBLE FOR FREE OR REDUCED LUNCH?    Yes free    Yes Reduced    No

7. HOUSEHOLD ANNUAL INCOME: (TOTAL INCOME OF THE ADULTS THE CHILD LIVES WITH) Circle range:

\$0-\$10,000    10,001-\$15,000    \$15,001-\$20,000    \$20,001-\$30,000    \$30,001-\$50,000    \$50,001+

8. DOES YOUR CHILD HAVE A PARENT/GUARDIAN WHO IS CURRENTLY INCARCERATED?    Yes    No

If yes, please explain:

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9. WHAT OTHER PROGRAMS IS YOUR CHILD A PARTICIPANT IN? (after-school, summer, enrichment, mentoring, athletic, arts, service, other): \_\_\_\_\_

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10. WITHIN THE LAST YEAR, HAS YOUR CHILD BEEN IN ANY TROUBLE AT SCHOOL? Circle one if applicable:

Poor Grades    Skipping school/classes    Truant    Behavior problems    Has been suspended  
Has been expelled    Sent to an alternative school

If yes, please explain:

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THANK YOU! IF THERE IS ANYTHING ELSE YOU WANT US TO KNOW ABOUT YOU OR YOUR CHILD THAT MIGHT BE HELPFUL TO US, PLEASE TELL US HERE:

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