



INSTRUCTIONS

- Complete this application thoroughly; incomplete applications will not be accepted.
- Have a parent/guardian sign the parental permission section.
- Return this application to the Red Cross: mail to American Red Cross, 50 Prince Street, Rochester, NY 14607 or fax to 585-241-4401 attn.: NGLP.
- Submit a copy of your latest report card.

STUDENT INFORMATION

Name: (Last) _____ (First) _____ Preferred name: _____

Home address: _____
Number Street City Zip Code

Home telephone: () _____ Your cell phone: () _____

Your email address: _____

Age: _____ Date Of Birth: _____ Gender: M F

Do you have any allergies? _____

Ethnicity: African American/Black: _____ Caucasian: _____ Hispanic: _____ Other: _____

Have you participated in the Next Generation Leaders Program in the past? Yes ___ No ___ If yes, when (mm/yr)? _____

Why should you be chosen for this program and what would you like to learn from this program?

TELL US ABOUT YOU AND YOUR SCHOOL

Name of school: _____ Current grade: _____

Homeroom # _____ Student ID#: _____ Average GPA: _____

Counselor: _____

List any clubs, sports, after school activities or other programs in the community or school in which you are involved:

Will any of these activities prevent you from attending this program on Wednesdays between 3:00 pm & 5:30 pm? Yes ___ No ___

SERVICE LEARNING

At the Red Cross, we believe that service learning offers students a unique opportunity to learn by doing. Therefore, service learning is an important component of the NGLP program. With that in mind, please answer the following questions:

Do you need to complete community service/service learning hours within the school year? Yes ___ No ___

If yes, indicate how many hours: _____ Hours must be completed by: _____





FAMILY INFORMATION

Parent/guardian name: _____

Home phone number: () _____ Parent/guardian cell phone number: () _____

Parent/guardian email address: _____

Parents' employers: (Father) _____ (Mother) _____

Household Income *(This information will help the Red Cross secure future funding for our program)*

Please circle

Under \$20,000 \$30,000-40,000 \$40,000-\$50,000 \$50,000-\$60,000 \$60,000-\$70,000 \$70,000+

PARENT INFORMATION (what we need to know about your child)

How can this program help your child do better in school: _____

Why do you want your child to be in this program: _____

Activities your child cannot participate in: _____

Does your child have any food allergies: _____

Is there anything else we should know about your child _____

PARENTAL PERMISSION SECTION

All students must have parental permission indicated by a signature below to attend the Red Cross Next Generation Leaders Program.

I, _____ give permission for my child _____ to attend the Red Cross Next Generation Leaders Program. It is my understanding that my child should attend ALL leadership sessions AND activities. I also give permission for Red Cross to obtain report card information from my child's school.

Parent/Guardian Signature _____ Date _____

I promise to attend and participate in ALL leadership sessions and service learning activities and will arrive on time. I will notify the NGLP Coordinator in advance if I will be late or absent.

Student Signature _____ Date _____

Please contact Jennifer Taylor at 585-241-4261 with any questions or comments. Completed applications can be submitted via mail to the address below; via fax at 585-241-4401 (attn.: NGLP); or via email to taylorj@grcarc.org.

American Red Cross
Next Generation Leaders Program
50 Prince Street
Rochester NY 14607

