



STUDENT APPLICATION CHECK LIST

PARENTS/STUDENTS:

In order for your application to be considered,

- (1) Every item on the APPLICATION must be filled in;
- (2) All the items on the CHECK LIST below must be checked and signed by the parent;
- (3) The application, this Check List, and your 500 word essay **MUST** be mailed to Ms. Rebecca Temple, SBSP Coordinator, Atlanta Business League P.O. Box 92363, Atlanta, Georgia 30314
- (4) The **DEADLINE** for submission is, **Friday, April 27, 2012.**

CHECK LIST:

- Parent contact phone numbers: home, office, and cell
- Student Social Security number
- Student Current Georgia ID or Drivers License Number
- Email address for student and/or parent
- Emergency Contact Information
- Agree to dress code as described in the Fact Sheet (*Strongly enforced*)
- Requirement: Attendance at ABL Annual Meeting, in November
- Student writes a 500-word essay entitled: "What I hope to learn from the program; and my hopes and plans for the future." The essay must be typed, grammatically correct and double-spaced.
- Signature of parent and student on both application and check list
- Scholarship: Students who successfully complete the program will be eligible to receive a monetary scholarship based on requirements being met.

PARENT SIGNATURE: _____ Date: ___/___/___

STUDENT SIGNATURE: _____ Date: ___/___/___



ATLANTA BUSINESS LEAGUE

**Student-Business
SHADOW PROJECT**

STUDENT APPLICATION FORM

PLEASE PRINT (APPLICATION MUST BE COMPLETED BY THE STUDENT AND SIGNED BY PARENT)

| | | |
|---|-----------|-----------|
| Student Name: | Date: / / | |
| Address: | | |
| City: | State: | Zip: |
| Home Phone: () | | |
| E-mail address: | | |
| Parent/Guardian: | | |
| Phones: Office () | Home () | Cell () |
| E-mail address: | | |
| Student Information | | |
| Birth Date: / / Current Age: Social Security #: | | |
| Georgia ID or Driver's License Number: | | |
| Sept 2012 Grade: School: | | |
| What do you want to be "when you grow up"? | | |
| | | |
| Why do you want to participate in this program? | | |
| | | |
| What kinds of businesses would you like to visit? | | |
| | | |
| Emergency contact: Phone(s): () () | | |
| Does student have current health insurance? Yes () No () | | |
| | | |
| My child will be available for a mandatory attendance at the ABL Annual Meeting in November Yes () No () | | |
| Parent/Guardian Signature : | | Date: / / |
| Student Signature : | | Date: / / |
| Please mail this completed and signed application and the signed check list to Ms. Rebecca Temple, SBSP Coordinator, Atlanta Business League, P.O. Box 92363 by April 27, 2012 | | |