

BRANDON GROVELAND YOUTH ASSISTANCE SKILL BUILDING APPLICATION

DATE _____

ACTIVITY REQUESTED _____

STUDENT NAME AND AGE _____ DOB _____

SCHOOL OR HOME SCHOOL ATTENDING AND GRADE _____

PARENT OR GUARDIAN NAME _____

ADDRESS _____

PHONE NUMBER HOME _____ CELL _____

EMAIL ADDRESS _____

(for contact, surveys, and further programs)

RACE CIRCLE ONE WHITE AFRICAN AMERICAN ASIAN
AFRICAN AMERICAN/WHITE HISPANIC MULTI -RACIAL
OTHER _____

FREE OR REDUCED MEALS YES NO

HOUSEHOLD INCOME \$ _____ (if "NO" above documentation of income required)

NUMBER IN HOUSEHOLD _____

IF SINGLE PARENT FAMILY CIRCLE ONE FEMALE MALE

SIGNATURE PARENT OR GUARDIAN _____

COPY OF DRIVERS LICENSE , AND FLYER OF PROGRAM REQUIRED

HOW DID YOU HEAR ABOUT OUR PROGRAM CIRCLE ONE SCHOOL NEWSPAPER WEBSITE
CASE WORKER OTHER _____

I HAVE READ AND AGREE WITH THE SCHOLARSHIP POLICY YES NO

Approval BGYA Secretary _____ Date

Approval BGYA Chairman _____ Date

Photo/Video/Audio Release
Form

I, _____ hereby authorize and grant permission to the Brandon Groveland Youth Assistance (BGYA) to use, reproduce, and publish photographs, video and audio recordings or any other images of me, including any of my images, likenesses, and voices, without compensation. I understand that these photographs and video/audio recordings may be used by BGYA for publicity or promotion in any print or electronic format or other format or media, including, but not limited to, newsletters, brochures or other publications, public affairs releases, recruitment materials, broadcast public service advertising (PSAs), and the website or social media sites of BGYA. I hereby release the BGYA and its officers, agents, and employees from all claims relating to the release, use, reproduction or publication of any photographs, audiovisual materials or other images by signing this Photo/Video/Audio Release Form.

Signature: _____

Printed Name: _____

Date: _____

For persons under the age of 18, the permission of a parent or guardian is required.

I hereby represent that I am the parent or legal guardian and grant permission to the Brandon Groveland Youth Assistance (BGYA) to use, reproduce and publish photographs, and video and audio recordings of my child, and to use the name of my child, as outlined above.

Name of Child under 18: _____

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____