

APPLICANT INFORMATION

Full Name: _____ Date: _____

Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Are you a Pangea resident? ☐ Yes ☐ No If yes, name of leaseholder: _____

If no, are you being referred by a Pangea Resident? ☐ Yes ☐ No

EDUCATION

High School: _____ Grade: _____

**Please provide original transcript from the high school.*

QUESTIONS

Describe a past accomplishment that you think makes you a good candidate for the Pangea Foundation Program:

Describe a future goal that you think Pangea Foundation Program can help you achieve:

Include any other information about why you'd like to be part of the Pangea Foundation Program:

SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance in the program, I understand that false or misleading information on my application may result in my release from the program.

Signature: _____ Date: _____

PARENTAL CONSENT:

I hereby give my permission and support for my child to apply to and participate in the Pangea Foundation Program.

Parent(s) Name: _____ Parent(s) phone number: _____

Signature: _____ Date: _____