



Date Application Received: _____

Inspiring Minds Youngstown High School Application

Thank you for your interest in Inspiring Minds Youngstown. This organization is members only. By submitting this application you and your parents agree to full participation in the Inspiring Minds Youngstown program. Please complete all parts of the application.

Date Application Completed: _____

Student

Name: _____ Gender: Male Female Birth Date: ___/___/___
Student Cell Number: _____ Student Email: _____
Current School: _____ Current Grade: _____
Student T-shirt Size: _____ Transportation to School: _____
Personal Reference: _____ Phone Number: _____

Parent/Guardian

Name: _____ Relationship to Student: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Parent Cell Number: _____ Home: _____
Parent Email: _____
Number of Adults in Household: _____

Children under 18 in Household:

First Name	Last Name
1.	
2.	
3.	
4.	

Student Questionnaire

How did you find out about Inspiring Minds Youngstown?

Why do you want to join Inspiring Minds Youngstown?

What other activities are you involved with?

What extracurricular activities/sports are you involved in?

Activity/Sport

Days of the Week

Activity/Sport	Days of the Week

As a member or parent of Inspiring Minds, I agree to the following:

I will participate in all activities.

I will follow all rules, code of conduct and dress policies determined by Inspiring Minds.

I will submit all school reports, academic reports, interims, report cards, AIR, ACT/SAT and grade reports to Inspiring Minds staff.

I will respect myself, all program members, all staff, partners and all property of Inspiring Minds.

I will participate in all fundraising activities.

I will allow Inspiring Minds and their media partners to use my child's image, voice and comments for Inspiring Minds marketing purposes, public.

