



Please complete all sections.

1 OF 2

### STUDENT INFORMATION

YOUR FULL NAME

DATE OF BIRTH

AGE

YOUR SCHOOL

CURRENT GRADE

YOUR HOME ADDRESS

YOUR PHONE (IF APPLICABLE)

YOUR EMAIL (IF APPLICABLE)

### PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN FULL NAME

RELATIONSHIP TO STUDENT

PHONE NUMBER

EMAIL ADDRESS

### HOUSEHOLD INFORMATION

WHICH ADULTS DO YOU CURRENTLY LIVE WITH? (CHECK ALL THAT APPLY)

☐ Mother

☐ Father

☐ Grandparent(s)

☐ Aunt / Uncle

☐ Legal Guardian

☐ Foster Parent

☐ Other

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FAITH



STRENGTH



KNOWLEDGE



BROTHERHOOD



Please complete all sections.

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## INTERESTS

Check all that apply to you:

☐

Sports

☐

Reading

☐

Music

☐

Art

☐

Technology

☐

Outdoors

☐

Other

WHAT DO YOU ENJOY DOING IN YOUR FREE TIME?

## IN YOUR OWN WORDS

What do you want your life to look like when you grow up?

## PARENT / GUARDIAN CONSENT

I confirm the information above is accurate and give permission for my son to participate in the MAN Foundation program, including weekly sessions, mentorship calls, and partner activities.

### MEDIA RELEASE (OPTIONAL)

I authorize MAN Foundation to photograph or record my son during program activities and to use his image, voice, or likeness in print and digital communications, including the Foundation's website and social media. Participation is not conditioned on granting media permission.

☐

I grant permission under the media release above.

PARENT/GUARDIAN SIGNATURE

DATE



FAITH



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