



# Jacob's Ladder Enrichment Program

APPLICATION 2018-2019

(DUE by December 15, 2018 to Jacob's Ladder, Inc., P.O. Box 555, Urbanna, VA 23175)

**STUDENT Information:** (To be completed by parent/guardian – Please PRINT)

Name of Applicant _____ <i>First Middle Last Prefers to be called</i>
Complete Address _____ <i>Street, Route, or Box City State Zip</i>
Gender: _____ Male _____ Female      Date of Birth: _____ <i>Month/Day/Year</i> Current Grade Level: _____

**SCHOOL Information:** (To be completed by referring source at the student's school – Please PRINT)

School Division _____	Name of School _____	
School Address _____ <i>Street, Route, or Box City State Zip</i>		
Name & Position of Referring Source: _____		
School Phone: _____	Cell (optional): _____	email: _____
Connection to Student Applicant: _____		
Student's Middle School 2019-2020: _____		
Signature of Referring Source: _____	Date: _____	

**PARENT/GUARDIAN Information:** (To be completed by person with whom student resides – Please PRINT)

Name(s) of Parent/Guardian: _____	
Home Phone: _____	Cell Phone(s): _____
Name of another person who knows applicant well (coach, minister, adult friend) _____	
Relationship to Applicant: _____	Phone (home/cell): _____
People living in the home (indicate number of each): _____ Brothers _____ Sisters _____ Others _____ Total	
Income of household (check one): _____ \$0-20,000 _____ \$20,000-30,000 _____ \$30,000-40,000 _____ \$40,000 & up	
Is the applicant on a reduced fee or free lunch plan? _____ Yes _____ No	
<b>I hereby give my permission to Jacob's Ladder, Inc. to receive a copy of my child's student record (including grades and gifted education identification documentation) and to discuss my child with his/her school advocate. I understand this information will remain confidential.</b>	
Signature of Parent/Guardian _____	Date _____

# STUDENT INFORMATION

(To be completed and written by student applicant in BLACK INK – Please PRINT)

1. Please write a paragraph about the activities and organizations in which you are involved, such as church, choir, clubs, sports, scouts, reading, etc. Explain any special part you have in these activities.

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2. Please list any academic honors you have received in school and in your extra-curricular activities.

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3. Describe what makes you unique or different from most of your classmates and peers. What are you good at doing? How do you enjoy spending your free time?

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Signature of Student Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian:

- Please check to be sure ALL parts of the application are complete. Thank you!
- **Application must be returned to the referring source at your school. School personnel must complete the school portion and send the application to the Jacob’s Ladder office no later than December 15, 2018.**
- Questions? Please call or email. Be sure to leave a detailed message/voicemail with your full name, your child’s name, school division, and phone number.

Jacob’s Ladder, Inc.  
Office: 804-758-0712  
Email: [office@jladder.org](mailto:office@jladder.org)

- For more information about Jacob’s Ladder, please visit our website. [www.jladder.org](http://www.jladder.org)