



# Jacob's Ladder Enrichment Program

APPLICATION 2019-2020

(DUE by December 15, 2019 to Jacob's Ladder, Inc., P.O. Box 555, Urbanna, VA 23175)

**STUDENT Information:** (To be completed by parent/guardian – Please PRINT IN BLACK OR BLUE INK ONLY)

Name of Applicant \_\_\_\_\_  
*First Middle Last Prefers to be called*

Complete Mailing Address \_\_\_\_\_  
*Street, Route, or Box City State Zip*

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female      Date of Birth: \_\_\_\_\_  
*Month/Day/Year*      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 \_\_\_\_\_  
*Street, Route, or Box City State Zip*

Name & Position of Referring Source: \_\_\_\_\_

School Phone: \_\_\_\_\_ Cell (optional): \_\_\_\_\_ email: \_\_\_\_\_

Connection to Student Applicant: \_\_\_\_\_

Student's Middle School 2020-2021: \_\_\_\_\_

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

**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.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# STUDENT INFORMATION

(To be completed by student applicant in BLACK OR BLUE 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, 2019.**

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: [contact@jladder.org](mailto:contact@jladder.org)

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