



Jacob's Ladder Enrichment Program

APPLICATION 2021-2022

(DUE by January 31, 2022 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 2022-2023: _____

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): _____ email: _____

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.

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

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?

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 January 31, 2022.**

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: director@jladder.org

For more information about Jacob’s Ladder, please visit our website. www.jladder.org