



# Jacob's Ladder Enrichment Program

APPLICATION 2022-2023

(DUE by **December 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: \_\_\_\_\_      Current Grade Level: \_\_\_\_\_  
*Month/Day/Year*

**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 2023-2024: \_\_\_\_\_

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.

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2. Please list any 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 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](mailto:director@jladder.org)

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