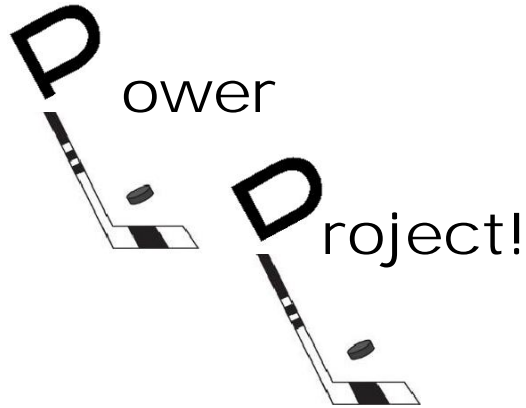




## Community Affairs Division's



**PROGRAM APPLICATION - PLEASE PRINT**  
**NON-REFUNDABLE APPLICATION FEE: \$25.00**

Full Name \_\_\_\_\_  Female  Male

Residential Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

T-Shirt Size  Small  Medium  Large Ethnicity \_\_\_\_\_

What is the main language you speak at home? \_\_\_\_\_

**Who lives with you at home? - Check all that apply**

Mother \_\_\_\_\_ Sister(s) \_\_\_\_\_ Stepmother \_\_\_\_\_ Grandmother \_\_\_\_\_

Father \_\_\_\_\_ Brother(s) \_\_\_\_\_ Stepfather \_\_\_\_\_ Grandfather \_\_\_\_\_

**Name**

**Age**

**Sex/Gender**

_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male

**Parent /Guardian Contact Information:**

Mother's/Guardian's Name \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Work Telephone Number \_\_\_\_\_ Cellular Telephone Number \_\_\_\_\_

**Emergency Contact other than Parent(s)/Guardian(s)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Authorized for Pick-up: Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Authorized for Pick-up: Yes  No

**Educational Goals – How Far Do You Plan To Go In School?**

\_\_\_\_\_ High School Diploma    \_\_\_\_\_ Trade School    \_\_\_\_\_ College

**The Following Information is Confidential:**

**Why do you want to join the Power Project?**

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**Do you have any special talents or hobbies?**

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**Who is your role model and why?**

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**What are your future dreams and aspirations? Who/What do you aspire to be in the future?**

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**What is the greatest event that has ever happened to you?**

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**What has been the worst event that has ever happened to you? How would you change it if you could?**

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**Do you have any medical conditions?**

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Are you taking any medications?

Yes  No

Do you have any food allergies?

Yes  No

If you have selected 'yes', please list allergies:

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Does your child have any special needs?

Yes  No

If yes, please explain: \_\_\_\_\_

What school are you currently attending?

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Please list all forms of social media below (including, but not limited to, Snapchat, Instagram, Facebook, Twitter, Child's Email Address, etc):

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Please complete this form and return to:

Hawthorne Police Department  
**Attn: L. Bell**  
12501 Hawthorne Blvd  
Hawthorne, California 90250  
(310) 349-2815 or (310) 514-6150  
lbell@cityofhawthorne.org

