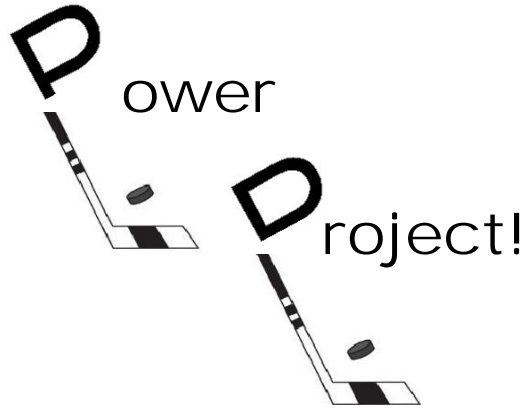




Community Affairs Division's



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?

Do you have any special talents or hobbies?

Who is your role model and why?

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

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

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

Do you have any medical conditions?

Are you taking any medications?

Yes No

Do you have any food allergies?

Yes No

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

Does your child have any special needs?

Yes No

If yes, please explain: _____

What school are you currently attending?

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

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

