



**BOYS & GIRLS CLUBS**  
OF THE LOS ANGELES HARBOR

# CAREER BOUND APPLICATION

Please print in blue/black ink. Complete the entire application. Please complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box.

## Student Information

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_  
Student Cell Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Check off preferred method of communication for reminders: [ ] Text Messages [ ] Phone Calls [ ] Emails

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Preferred Language: English/ Spanish/ Other: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Education:

School Attending: \_\_\_\_\_ Grade: [ ] 9<sup>th</sup> [ ] 10<sup>th</sup> [ ] 11<sup>th</sup> [ ] 12<sup>th</sup>

Expected Graduation Month/Year: \_\_\_\_\_ Extracurricular Activities: \_\_\_\_\_

Sport: \_\_\_\_\_

## Club Experience:

Are you a current club member? [ ] Yes [ ] No Programs [ ] College Bound [ ] Keystone [ ] Arts Academy

**The following information will help determine student eligibility for extra resources and opportunities, as well as referral into additional assistance programs. (Example: Free certification courses)**

Check off ALL THAT APPLY:

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> Free/Reduced Lunch | <input type="checkbox"/> At Risk of Dropping Out | <input type="checkbox"/> Pregnant/ Parenting   | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Food Stamps        | <input type="checkbox"/> Basic Skills Deficient  | <input type="checkbox"/> Out-of-home Placement | <input type="checkbox"/> Other:   |
| <input type="checkbox"/> CalWORKS           | <input type="checkbox"/> Foster                  | <input type="checkbox"/> Disabled              |                                   |

**By signing this form, I am allowing the Boys & Girls Clubs of the Los Angeles Harbor to have full access to student records and grades, and speak to school counselors/administrators on behalf of student.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_