
Last Name

Date

First Name

Grade



2007 – 2008 Program Year

Registration Form – A, Grades 6th – 8th (Youth Achiever)

\$35 Family Fee - One child / \$50 Family Fee - Two or more children

Please Print

My program choice: YMCA Black Achievers YMCA Achievers – Developing Hispanic Leaders

Name (L) _____ (F) _____

Address: _____

City: _____ ST: ____ Zip: _____

Email: _____ Myspace: _____

Date of Birth: _____ Age: _____ Do you have a Social Security Number? Yes or No

Mother/Guardian Name (L) _____ (F) _____

Father/Guardian Name (L) _____ (F) _____

Parent/Guardian Address _____

City: _____ ST: ____ Zip: _____

Work Phone: _____ Cell: _____

In case of an emergency _____ Relationship _____

School: _____ Current GPA: _____

Favorite Subject: _____ Least Favorite Subject: _____

What do you plan to do after high school? _____

How did you hear about the YMCA Achievers Program? _____

What are your career goals? _____

Where do you see yourself in five (5) years? _____

List three words that best describe your character? (1) _____

(2) _____ (3) _____

What is your weakness? _____

What is your strength? _____

Applicant: In 50 words or less, state why you would like to participate in the Central Florida YMCA Achievers Program (Please print in ink)

**CENTRAL FLORIDA YMCA ACHIEVERS
2007 – 2008 PROGRAM YEAR
Parent/Guardian Information**

Please Print

I have attached my child's:

- Copy of Current Report Card Wallet Size Photo Family Fee

Name (L) _____ First _____ Mr./Mrs./Ms.

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Will your child have adequate transportation to events? Yes _____ No _____

Parent participation is required. Please indicate (3) activities you are interested in providing support when needed. (i.e. planning, organizing, chaperone, etc)

- Saturday Sessions Stuffing Envelopes Service Projects
 Lunch for Students Phone Tree Special Projects & Events
 Youth Scholarship-Fundraising

What is your child's weakness? _____

What is your child's strength? _____

Please state why you want your child to participate in the Central Florida YMCA black Achievers, and what you hope he/she will gain? (Please print)

Child's Name: _____ Grade: _____

**CENTRAL FLORIDA YMCA ACHIEVERS
2007 – 2008 PROGRAM YEAR
CAREER CLUSTER**

Please number according to preferences, (3) clusters in which you would like to participate.
*Students in grades 6th – 7th & 8th are required to attend the Leadership Cluster.

- | | |
|--|--|
| <input type="radio"/> Medical/Health Services | <input type="radio"/> Performing Arts/Drama |
| <input type="radio"/> Business/Entrepreneur | <input type="radio"/> Communications/Marketing/Journalism |
| <input type="radio"/> Law/Government/Law Enforcement | <input type="radio"/> Engineering/Robotics |
| <input type="radio"/> Technical/Vocational School/Military | <input type="radio"/> Music Production/Multi Media |
| <input type="radio"/> YMCA Careers/Education | <input type="radio"/> Leadership (6 th – 7 th graders) |
| <input type="radio"/> Leadership Transition to High School – 8 th graders only | |
| <input type="radio"/> Junior – Senior Seminar - 11 th & 12 th graders only | |

(Junior – Senior Seminars and Saturday Career Cluster Sessions are required for consideration to attend Annual College Tour)

Please indicate below what are your interests based on the cluster you have chosen.

1st Choice _____

2nd Choice _____

3rd Choice _____

Name _____ Grade: _____

School _____ Current GPA _____

Phone _____ Cell _____

Email _____

It is an expectation and requirement that each Youth/Teen Achiever pursue post-secondary education or technical training after graduation from high school. Post-secondary education includes: college, university, technical or trade school or military/armed forces.

Do you plan to graduate high school? Yes No

Do you plan to pursue post-secondary education after high school? Yes No

(Post-secondary: college, university, community college, trade or technical school or military)

