



APPLICATION

To submit this application email it to southcountycalsoap@gmail.com.

STUDENT INFORMATION – Section A

Student Name:			Home Phone: () -		
Last	First	M.I.			
Address:					
Number	Street	Apt #	City	Zip Code	
E-mail Address (if any):			Grade:	GPA:	
Student I.D. #:	Current School:	8th Graders: HS you will attend			
Current Math Class:		Current Grade:			
Date of Birth:	/ /	Age:	Male	Female	Non-binary/Other
Place of Birth:		Ethnicity:	Home Language:		
Why are you interested in Cal-SOAP?			How did you hear about Cal-SOAP?		
Do you participate in any school activities? Please list.			What is your best talent or skill? Why?		
How have you worked to overcome challenges in your education? What steps did you take to resolve this challenge?					
What academic subject inspires you? How have you explored this subject beyond the classroom?					
Please describe your academic record or future educational/career goals.					
For office use only:			Comments:		
Date application was received:					
Date student was admitted into program:					



PARENT INFORMATION – Section B

Parent or Guardian 1 - Name:				
	Last	First	M.I.	
Home Address:				
	Number	Street	Apt #	City
			Zip Code	
Home Phone: () -			Work Phone: () -	
Occupation:		Place of Employment:		
Do you have a Bachelor's Degree? Yes No				
E-mail Address (if any):				
Parent or Guardian 2 - Name:				
	Last	First	M.I.	
Home Address:				
	Number	Street	Apt #	City
			Zip Code	
Home Phone: () -			Work Phone: () -	
Occupation:		Place of Employment:		
Do you have a Bachelor's Degree? Yes No				
E-mail Address (if any):				
Head of household's relationship to student applicant:			Family size:	
Is your son/daughter eligible for the Free or Reduced Lunch program? Yes No				
Estimated Gross Annual Income:		Less than 33,600	37,901 - 42,100	47,101 - 50,900
<i>Please only check one box</i>		36,601 - 37,900	42,101 - 47,100	50,901 or more
<p>I hereby grant my permission for my student (name) _____ to participate in the South County Cal-SOAP program at (name of school) _____. I also give my consent for my student school to make available to the Director of the South County Cal-SOAP Project (or to designated staff members) information pertaining to my child's academic progress in school. At times, the media may write an article about or take pictures of a program/activity. I give my permission YES_____ NO_____.</p>				
Parent/Guardian Signature:			Date:	