

**Application for Youth Migrant Project/Grades 9 through 12 (in Fall of 2016)
Sun July 10th 3:30 pm through Friday July 15th at 4:00 pm
Return to Mary Romer, Parish Center, 3517 NE 89th Street, Seattle, 98115**

Name _____ Address _____

Phone (Home) _____ Zip Code _____

Grade (Current) _____ School (current) _____ Grade (fall 2016) _____ School (fall 2016) _____

Youth's email _____ Youth's cell phone _____

Parents' email address (where information can be sent) _____

Parent's signature authorizing your application to this program: _____ Date _____

Birthdate: _____

PAYMENT OPTIONS: _____ Program Deposit (To OLL) Enclosed: \$100; Balance of \$225 due by July 1st.

_____ Entire amount \$325 enclosed.

_____ Scholarship Requested. We can contribute _____; (minimum deposit \$25)

Have you helped in a food bank before? _____yes _____no

Have you helped care for or led recreation for children previously?

What service opportunities have you been involved in previously?

Are you committed to active sharing of common work, the evening faith sharing/reflection sessions, the time spent in exploring poverty?

Are you available for the entire Migrant project week? ___yes ___no . If not, please explain:

Any food allergies? Any strong food preferences we should know about? Anything else to help you thrive this week?

Please write a paragraph (2-3 sentences) telling us why you want to attend this mission program, what you hope to give, what you hope to gain:

Rules and Regulations: If accepted for this program, I agree to respect and to live by the rules established for our group. I understand that parents will be summoned to pick me up and take me home if I violate this agreement.

Applicant Signature _____ Date _____

***Please complete and return parent/guardian permission form also.
Sponsored by Youth Ministry, Our Lady of the Lake Catholic Parish, Seattle, WA***