



LIFT Leadership Program Application

1. Complete the Student Info portion of this form and SIGN it
2. Have your parent/guardian complete the Parent/Guardian Info section and SIGN it
3. Take the completed form to the Office or to Ms. Jill Williamson

| | | | |
|--|--|----------------------------|----------------------------|
| Student Info | Name <i>(First, Middle, Last)</i> | | |
| | Home Address | | |
| | <table style="width: 100%;"> <tr> <td style="width: 50%;">Home Phone*</td> <td style="width: 50%;">Student Cell Phone*</td> </tr> </table> <i>*Phone numbers and email are used for emergencies and LIFT communications ONLY and are not distributed or published.</i> | Home Phone* | Student Cell Phone* |
| | Home Phone* | Student Cell Phone* | |
| | School Email Address* _____ @student.arapahoecharter.org | | |
| | Current Grade <i>(check)</i> <input type="checkbox"/> 9-Freshman <input type="checkbox"/> 10-Sophomore <input type="checkbox"/> 11-Junior <input type="checkbox"/> 12-Senior | | |
| Are you currently (or have you ever been) a LIFT member? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Please list school, community, and/or church activities in which you currently participate:

Please explain what you wish to gain from participating in LIFT this year:

STUDENT AGREEMENT: "If I am selected to participate in the LIFT program, I will devote the time and resources necessary to complete the program and agree to this by signing this application."

Signed *(Student Applicant)* _____ Date _____

| | | | |
|--|---|--------------------|---------------|
| Parent/Guardian Info | Parent/Guardian Name <i>(First/Last)</i> | | |
| | <table style="width: 100%;"> <tr> <td style="width: 50%;">Cell Phone*</td> <td style="width: 50%;">Email*</td> </tr> </table> <i>*Phone numbers and email are used for emergencies and LIFT communications ONLY and are not distributed or published.</i> | Cell Phone* | Email* |
| | Cell Phone* | Email* | |
| | PARENTAL AGREEMENT: "This student has my approval and support to fully participate in the LIFT Leadership Program." | | |
| Signed <i>(Parent/Guardian)</i> _____ Date _____ | | | |

Got Questions? Contact me!

Nancy Prescott Potter, LIFT Program Director
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 www.pamlicoleaders.org