



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 form to the Office or give to Mrs. Shirley Holt

Student Info	Name <i>(First, Middle, Last)</i>	
	Home Address	
	Home Phone*	Student Cell Phone*
	<i>*Phone numbers and email are used for emergencies and LIFT communications ONLY and are not distributed or published.</i>	
	School Email Address*	<i>@pamlicoschools.org</i>
	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>	
	Cell Phone*	Email*
	<i>*Phone numbers and email are used for emergencies and LIFT communications ONLY and are not distributed or published.</i>	
	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