



## Student Application Form

### Section A: Student Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ U.S. Citizen: Yes \_\_\_\_ No \_\_\_\_  
MM DD YYYY

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

### Section B: Education

At the time of the application, you are currently enrolled in grade: \_\_\_\_\_

Type of school: (check one) Public: \_\_\_\_ Private: \_\_\_\_ Charter: \_\_\_\_ Home: \_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name (Teacher/Advisor/Principal): \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Section C: More about the Student**

Please answer the following questions as completely as possible:

1. How did you hear about PRIDE Museum?

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2. What is your favorite subject(s) in school?

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3. List three things that you would like to learn about Technology and Science.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

## **Section D: General Medical Information**

Students must be capable of moderate physical activity such as walking distances and students will be expected to participate in all program excursions. These excursions will be accessed by chartered bus or van, driving time generally ranging from 30 minutes to 90 minutes and learning sessions lasting from two to three hours in length.

Please outline any medical conditions, illnesses and/or disabilities that require or have required the regular care of doctor (e.g. allergies –food/medical/environmental, asthma, diabetes, recent surgery, heart disease, etc...)

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## Reference Letter

Please supply one (1) letter of reference from someone who knows you well, such as a teacher, principal, a school counselor or a member of your community. (This person cannot be a relative.)

If desired, reference can email or mail letter directly to:

Email: [info@pridemuseum.org](mailto:info@pridemuseum.org).

(We ask that they include the applicant's name in the subject line of their email.)

Mail: PRIDE Museum  
Attn: Executive Director  
4101 Dublin Blvd. #F202  
Dublin, CA 94568

In support of your application to participate in PRIDE Museum, the reference should comment on your academic abilities, character, attitudes, social adaptability and leadership qualities, and commitment to community.

**Here are a few suggestions to include in the content of the letter:**

- How long has the reference known the applicant and what is your relationship?
- What are the applicant's greatest strengths?
- How does the applicant demonstrate the following characteristics: consideration for peers, self-confidence, self-discipline, openness to new ideas, energy and enthusiasm, and maturity?

## Section E: Parent/Guardian Information

Relationship to Applicant: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

## Section F: Parental Consent

Name of Applicant: \_\_\_\_\_

Circle one: Parent/Guardian

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

I confirm permission for my child to apply for membership at PRIDE Museum and to attend the Learning Sessions provided by the organization. Initials: \_\_\_\_\_

I have read and understand the Conduct Code policy for members of PRIDE Museum. Initials: \_\_\_\_\_

I agree to provide PRIDE Museum with a hardcopy of the Parental Consent form containing my original signature. Initials: \_\_\_\_\_

I agree to provide PRIDE Museum with a recent Student Photo of my child for the administrative files. Initials: \_\_\_\_\_

I understand I am responsible for my child's transportation arrangements to and from PRIDE Museum. Initials: \_\_\_\_\_

I agree to participate in a 20 minute introductory telephone discussion with PRIDE Museum Executive Director. Initials: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\_\_\_\_\_ All documents and attachments are enclosed.

\_\_\_\_\_ Partial documents and attachments are enclosed, others will follow shortly.

(Check each item to follow): \_\_\_\_\_ Reference Letter \_\_\_\_\_ Student Photo

Comments: \_\_\_\_\_

\_\_\_\_\_

**Thank you for taking the time to complete your application to PRIDE Museum**

You can expect to receive an email upon receipt of your application. You will receive notification of your participation status within two weeks of receipt of both the application and reference letter.