



SCHOLARS ACADEMY APPLICATION COMPLETING FORM INSTRUCTIONS

OPTION #1: Print, Sign and Mail-In Form

- 1) Fill-in the form online if your browser allows. (Form works best in Microsoft Edge or Chrome Browsers.)
- 2) Print the completed form.
- 3) Sign the form and mail to:
The Hampton Roads Committee of 200+ Men Inc.
P.O. Box 99013
Norfolk, VA 23509
4. OR, scan and email the signed form to: drwoo1998@aol.com

OPTION #2: Sign Digitally and Email Form

- 1) **Download** and **save** the blank form first! If you skip this step and fill out the form in your browser you will not be able to sign the form. If you download the file after you have completed the form all of your input will be lost.
- 2) If you don't have an Adobe Digital signature you will be prompted to create one in order to sign the form.
- 3) Once you have completed the form just click on the submit button—that's it.

GET STARTED





HAMPTON ROADS COMMITTEE OF 200+MEN APPLICATION FOR SCHOLARS ACADEMY

INSTRUCTIONS: Fill in this form and submit electronically OR print the completed form and mail it in.

PERSONAL

Name _____ DOB _____ AGE _____

Street Address _____ City _____

State _____ Zip _____ Home Phone () _____

Student Cell _____ Parent Cell _____

Student Email _____ Parent Email _____

Mother's Name (Guardian) _____

Father's Name (Guardian) _____

Mother's Occupation _____ Father's Occupation _____

Mother's Work # _____ Father's Work# _____

ACADEMIC

Classification/Grade: _____ G.P.A. _____ No. Credits: _____ School Attending in Fall: _____

Honors and Awards:

List courses enrolled in this fall: 1. _____ 2. _____

3. _____ 4. _____ 5. _____

Course you enjoy the most: _____ Least: _____

Career-choices: 1. _____ 2. _____ 3. _____

HOBBIES & INTERESTS (check all that apply)

Musical Instruments: Name 1. _____ 2. _____ 3. _____

Interest: Sing Dance Public Speaking Football Basketball Baseball Track Tennis
 Other _____

Club, Community, and Leadership Activities: _____

What college or school would you like to attend and why? _____

Why do you want to participate in the Scholars Academy? _____

RELEASE OF GRADES/BEHAVIOR REPORTS/ATTENDANCE REPORTS

I hereby give my permission for the HRC of 200+Men to have access to my child’s grades and progress reports to assist with improvement in academics, attendance, behavior and study habits while enrolled in this program. I further grant the release of behavior and attendance records. I understand that the HRC of 200+Men will uphold this information with the utmost confidentiality.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELEASE FOR MEDICAL TREATMENT

In the event of an emergency and the inability of the HRC of 200+Men to obtain my consent, I hereby give permission for HRC to authorize any medical treatment or surgery in which a qualified physician or surgeon shall deem necessary for my child.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

In case of an emergency, which hospital or urgent care do you prefer to have your child transported?

Hospital/Urgent Care Facility: _____ Phone _____

Primary Care Physician’s Name: _____ Phone _____

Medical condition(s) we need to be aware of: _____

PARENTAL ACKNOWLEDGEMENT

I hereby give my permission for my child to participate in the HRC of 200+Men Scholars Academy, which may include travel to local, regional, and some instances out of state events. I understand that the HRC of 200+Men is not responsible for personal injury or loss of property. I understand that the success of my child’s membership is contingent upon my participation in the program. I agree to immediately update this application when any of the information changes and also annually.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Return Application To: **Hampton Roads Committee of 200+Men Scholars Academy**
P.O. Box 99013
Norfolk, VA 23509