ANDERSON VALLEY EDUCATION FOUNDATION P.O. Box 242 Boonville, Ca. 95415

Jr High Summer Application Form v3 2 page pdf

We are glad to know that you are interested in attending a camp or program this summer. Please provide all of the information requested below so that we can evaluate your application for support from our Jr High Summer program. You can complete this form on line and then print it or print a blank copy and fill it out by hand. Then ask your parents / guardians to review it, then sign and date the bottom of page 2.

| Your name: | | | | | |
|------------|--|--|--|--|--|
| Addre | ess: | | | | |
| Curre | nt Grade in School: Date of Birth: | | | | |
| Phone | ::Email: | | | | |
| Please | e respond to the following: | | | | |
| 1. | What do you hope to learn at the program that you want to attend? | | | | |
| | | | | | |
| | | | | | |
| 2. | Why did you choose this particular program? | | | | |
| | | | | | |
| | | | | | |
| 3. | If AVEF is not able to help pay for this program, will you still attend? | | | | |
| 4. | If AVEF is able to help pay for this program, we would like to know what you liked or disliked about it so that we can help other students in the future. Are you willing to share this with us? | | | | |
| 5. | Please provide the following information about the program you have selected: | | | | |
| | a. Name of program: | | | | |
| | b. Location: | | | | |

| | c. | Attendance dates: | |
|----|---|---|---|
| | d. | Name of organization: | |
| | | Address: | |
| | | Web address: | Phone |
| | e. | Application deadline, if any | |
| | f. | Cost of program: | |
| | g. | Who is responsible for transportati | on? |
| | | | |
| 6. | spendi to acki | ng time away from home this summ nowledge their understanding that A ms that might arise while you are tra | this application (1) to indicate their approval of your er with the program for which you have applied, and (2) VEF does not assume responsibility or liability for any welling to or participating in the program you have |
| | spendi to acki proble chosen | ng time away from home this summowledge their understanding that A ms that might arise while you are trans. | er with the program for which you have applied, and (2) VEF does not assume responsibility or liability for any |
| | spendi to acki proble chosen | ng time away from home this summowledge their understanding that A ms that might arise while you are trans. / Guardian Name: | er with the program for which you have applied, and (2) VEF does not assume responsibility or liability for any welling to or participating in the program you have |
| | spendi to acki proble chosen Parent | ng time away from home this summowledge their understanding that A ms that might arise while you are trans. / Guardian Name: | er with the program for which you have applied, and (2) VEF does not assume responsibility or liability for any welling to or participating in the program you have Phone: |