



APPLICATION FOR ADMISSION

If you are a student, ages 14 to 18 years old, and you have the consent of your Parent or Guardian to participate in the program presented by Eve's Choice, Inc., please submit the completed application via email to info@eveschoiceinc.com. Once reviewed, someone will contact you regarding the status of your application.

APPLICANT'S CONTACT INFORMATION

Name* (First)

Name* (Last)

Age*

Cell Phone Number*

Email Address*

Name of Parent/Guardian*

Parent/Guardian Contact Telephone Number*

Parent/Guardian Email Address*

Home Address*

Address Line 2

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City

State

Zip Code

County

APPLICANT'S EDUCATION, ACTIVITIES, AND INTERESTS

What grade are you enrolled in currently?

Which school do you attend?

What is your favorite subject/course in school?

Are you currently enrolled in any extracurricular activities (e.g., sports, band, orchestra, clubs, civic organizations, etc.)? Yes or No?

If yes, please list the type of activities:

Are you currently studying or fluent in a foreign language?

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If so, please list the language(s):

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What are your hobbies or interests?

What professional or vocational goals would you like to pursue? (“undecided” is an acceptable response)

Why are you interested in enrolling in Eve’s Choice, Inc.?

If you are enrolled in the program, what do you hope to learn or accomplish?

Are you currently involved in any type of community or civic service? If so, please explain:

How did you learn about Eve's Choice, Inc.?

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By signing below, the Applicant hereby certifies that the responses in this application are true and correct.

The Applicant's Parent or Guardian must also sign below signifying the Parent or Guardian consents to this application being considered for admission, and further consents to the Applicant's participation in the program, if accepted.

Applicant

Parent or Guardian

Date

Date

Thank you for your interest in Eve's Choice, Inc.!