

**Samuel L. Felton Jr. Community Development Program Inc  
A + Mentorship Program  
Application for Enrollment**

**Applicants full name:** \_\_\_\_\_

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

**Phone :** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:** M/F

**Reasoned Referred:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Living with Whom:**  With parent(s)/Legal guardian(s)  With Non-Relatives

**Please list the names of two persons who may be contacted in case of emergency:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

**E-Mail Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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

**E-Mail Address:** \_\_\_\_\_

**Name and Address of the School the Student Attend:**

\_\_\_\_\_  
\_\_\_\_\_

**Services requested:**

Mentoring  Tutoring  Family Counseling

**Any outside referrals needed?** \_\_\_\_\_

**Date of application:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_