



## FLOH PROGRAM Application

Date: \_\_\_\_\_

### CONTACT INFORMATION

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ School: \_\_\_\_\_

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

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

Name of Guardian(s) if applicable: \_\_\_\_\_

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

Emergency contact person (if different from above): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### APPLICANT BACKGROUND INFORMATION

Please list any extra curriculars, hobbies, and/ or community services that you are currently involved in:

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Are you currently employed? Yes or No

If so, please include: 1) Where you work 2) Your job title 3) How long you have worked there

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Name of employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### PERTINENT INFORMATION

Education Highest level of education completed (circle): 8 9 10 11 12

How will you get to class every day?

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