

## **FLOH PROGRAM Application**

| FLOH PROGRAM Application                    | <b>n</b> Date:   |
|---|--|
| CONTACT INFORMATION                         |  |
|   |  |
| Applicant First Name:                       | Last Name:   |
| DOB: School: _                              |  |
| Address:                                    |  |
|   | Email:   |
| Name of Guardian(s) if applicable:          |  |
| Phone:                                      | _ Email:   |
| Emergency contact person (if different from | om above):   |
| Emergency Phone:                            |  |
|   | and/ or community services that you are currently involved in: |
| Are you currently employed? Yes or No       |  |
| If so, please include: 1) Where you work 2  | 2) Your job title 3) How long you have worked there            |
| Name of employer:                           | Job Title:   |
| PERTINENT INFORMATION                       |  |
| Education Highest level of education com    | ppleted (circle): 8 9 10 11 12                                 |
| How will you get to class every day?        |  |

## **REFERENCES** Please list 3 references that are not family members. Name **Phone Number** Name **Phone Number** Name Phone Number SHIRT SIZE (Please select one) AS AM ΑL XL XXL 2XL **ESSAY** \*\*What do you hope to accomplish by completing the FLOH program and how do you plan to implement what you have learned to better serve yourself and others? (at least 250 words; essay style, attach to application. \*\* (email all applications and essays to Katelyn Pippin at kpippin@cityofhanahan.com) **NOTICE OF PARTICIPATION** I UNDERSTAND THE FOLLOWING: An essay is required as a part of this application. Applications received without an essay will NOT be eligible for consideration. Payment will not be required until acceptance into the program. No refunds will be given after class has begun. ALL classes are mandatory for class participants. If MORE than 2 classes are missed without making them up, the student will forfeit the opportunity to continue with the program. The Hanahan Recreation Department reserves the right to drop a student from the program at any time due to behavioral or other issues that affect our ability to effectively serve the participant and/or class. We consider all applicants without regard to race, color, religion, gender, ancestry, national origin, sexual orientation or disability and any other legally protected status. By signing the agreement below you are acknowledging that all the above information is correct and truthful and that you understand the expectations. Thank you for completing this form and for your interest in applying for the FLOH Program.

Date

Date

Participant Signature

Legal Guardian Signature