

M.A.P. Program Senior Application Form Grades 9 – 12

A. General Information

Applicant's (Child's) Name:

First

Last

Date of Birth:

Age:

Male

Female

Month / Day / Year

Address:

Unit / Apt #

Street #

Street Name

Postal Code

Telephone: ()

Email:

School:

Grade:

Parent / Guardian's Name

First

Last

Parent / Guardian's Name

First

Last

B. Personal Information

Please complete the section below by checking off the necessary boxes. You may select more than one box.

*Please briefly explain why you are applying to the M.A.P. program by answering the following questions:
(Use additional paper if needed)

1. Why are you applying for this program?

 Tutoring Financial Incentives Mentoring Educational Encouragement/Advocacy

2. How much do you enjoy school?

 Very Much It's alright A little Not at all

3. Are you involved in any clubs / sports teams? If yes, which ones?

 No Yes: _____

4. Do you work? If yes, how many hours a week?

- No Yes: 1 – 5 hours 5 – 10 hours 10 – 15 hours More than 15 hours.

5. If you do work, do you enjoy it?

- Yes, very much A little Not at all

6. What hobbies or interests do you have?

- Reading Drawing/Sketching Computers / Video Games
 Sports Music Other _____

C. Academic Information

1. What was your average last year in school?

- 80% or above 70 – 79 % 60 – 69% 50 – 59% Below 50%

2. How many courses did you achieve 80% or above?

- 3 or more 2 1 None

3. How many courses did you achieve below 50%?

- 3 or more 2 1 None

4. What subjects are you most interested in? Check all that apply.

- Art Science History Political Science / Law
 Music English Business Geography
 Mathematics French Other _____

5. What subjects are you most interested in? Check all that apply.

- Art Science History Political Science / Law
 Music English Business Geography
 Mathematics French Other _____

6. Are you in any of the following specialized educational programs at school?

- IEP – Individual Education Plan ESL – English as a Second Language ESD – English Skills Development

7. What type of Post Secondary education are you pursuing?

- University College Trade School
 Apprenticeship Workshop Training Other _____

D. Club Participation Information

Note: It is mandatory that your child is a Boys & Girls Club of London member in order to be eligible for the program.

1. Please describe your child's current involvement with The Boys & Girls Club of London:

- Member Leader Volunteer Non-member

Other Involvement i.e. torch club, swim lessons, etc.: _____

2. How often does your child visit the Boys & Girls Club?

- Daily 2 – 6 times a week Once a week Monthly Other _____

E. Other Information Required

***Please note that a parent or guardian's helps is required with this portion of the application.**

1. Please list your siblings (brothers and sisters) names, ages and grades?

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

Name: _____ Age: _____ Grade: _____

2. Please check your Annual Combined Family Income?

- Under \$24,000 \$24,000 - \$30,000 \$30,000-\$50,000 Over \$50,000

3. Documents needed to be handed in:

- Proof of Income* Copy of Last Report Card Received*

Type of proof submitted:

- Pay Stub O/W or ODSP Cheque Stub T-4 / Income Tax Assessment Other _____

***Both Proof of Income and Current Report Card must be handed in with this application.**

F. Legal Release

Applicant's parents or legal guardian warrant by their signature that they have read and understand the following Declaration and Release.

I, _____ and _____
Applicant's (Child's) Name Parent / Guardian's Name(s)

Declare the following:

1. I have read, understood and comply with the criteria related to this application and request that the applicant listed above be accepted into the Junior M.A.P. Program.
2. I understand that continued participation in the program is based on the fulfillment of requirements set out by the Boys & Girls Club of London.
3. I have honestly and accurately completed all aspects of this application.
4. I understand that all submitted information becomes the property of the Boys & Girls Club of London.
5. I understand that all funding in the M.A.P. Program is subject to availability.
6. I understand that personal information such as my combined annual income / proof of income and any other personal information of this nature will not be shared, traded or sold and will be used for statistical purposes only.
7. *I consent to the use of my name and / or photograph in any form of media in conjunction with the Boys & Girls Club of London:* Yes No

Parent / Guardian's Name(s) Please Print

Parent / Guardian's Signature

Date

Parent / Guardian's Name(s) Please Print

Parent / Guardian's Signature

Date

Submit applications to the Boys & Girls Club of London at 184 Horton Street, London, ON N6B 1K8
For more information contact Keegan Howlett at 519-434-9115 ext 264 – khowlett@bgclondon.ca

For Office Use Only

Date Application Received: _____ Received By: _____

Interview Date and Time: _____ Staff Initials: _____

Information Completed Checklist:

- Application Completed Signed by Adult and Child Financial Statement Received