





***Urban Financial Services Coalition-Puget Sound Chapter***  
**Central District Youth College and Career Project**  
***APPLICATION***  
***Steered by Central District Youth with Purpose***

Date: \_\_\_\_\_ Expected HS Graduation Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Tel. #: \_\_\_\_\_ E-mail: \_\_\_\_\_

School Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

**HEALTH AND MEDICAL, PHYSICAL, AND NEXT OF KIN INFORMATION**

Do you have any food restrictions or allergies? (Please list them) \_\_\_\_\_

Do you have any physical limitations that we should be informed or aware of? (Please list them) \_\_\_\_\_

In case of emergencies which family members should we contact? (Name, phone number and address): \_\_\_\_\_

