



High School Student Application

Name _____ D.O.B. ___/___/___

Address: _____ Phone _____

Current High School: _____

Parent/Legal Guardian Name: _____

Current Classification: Freshman Sophomore Junior Senior

Counselor Name: _____

Counselor Email: _____

Email address: _____@_____.com

Interested Area of Study: _____

Other activities/interests: _____

Please briefly describe your goals for your academic and professional future:

If you are under the age of 18 we require the signature of your parent or guardian for consideration of your participation in the program:

Parent/Legal Gaurdian: _____ (print)
_____ (sign)

Please attach a copy of your unofficial transcript to this application and submit to Info@BWISEmentoring.org