

# Pangea Cares Foundation Program Application



## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a Pangea resident?  Yes  No If yes, name of leaseholder: \_\_\_\_\_

If no, are you being referred by a Pangea Resident?  Yes  No

## EDUCATION

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

\*Please provide original transcript from the high school.

## QUESTIONS

Describe a past accomplishment that you think makes you a good candidate for the Pangea Foundation Program:

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Describe a future goal that you think Pangea Foundation Program can help you achieve:

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Include any other information about why you'd like to be part of the Pangea Foundation Program:

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## SIGNATURE:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance in the program, I understand that false or misleading information on my application may result in my release from the program.

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

## PARENTAL CONSENT:

I hereby give my permission and support for my child to apply to and participate in the Pangea Foundation Program.

Parent(s) Name: \_\_\_\_\_ Parent(s) phone number: \_\_\_\_\_

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

Visit [pangeacares.org/foundation](http://pangeacares.org/foundation) for more details and information