



Principles of Success Motivational Programs

Alumni Participant Application



Name:	
Address	
Home Phone:	Cell Phone:
Email Address:	
Current Grade Level (e.g. 7th, 8th, etc.):	
Name of school:	
Career goal:	
Year you participated in this program:	
Please indicate the reason(s) you would like to be an Alumni participant:	
Please indicate what program leaders can do to assist you this year:	

GUIDELINES FOR ALUMNI PARTICIPANTS

A Alumni Participant is a young man who has previously culminated from the Principles of Success Motivational program and is 18 years old or less.

The following conditions are applicable to Alumni participants:

- A. Alumni participants will not receive a scholarship.
- B. Each alumni participant will be required to read a book selected by the program leadership team and write a report. The program will purchase the selected book for each participant.
- C. Each alumni participant may be asked to mentor one primary participant (guidelines will be provided)
- D. Alumni participants will be expected to attend all program sessions, in a timely manner, unless directed to do otherwise by program leaders. Unexcused absences for more than one session will result in dismissal from the program.
- E. Food will be provided by the program, to all participants, during each program session.
- F. The program will pay for the admission cost to the culmination luncheon for each alumni participant. Relatives/friends/guests of the alumni participant must purchase his/her own ticket.

PARTICIPANT AGREEMENT

I understand that my participation and acceptance into this program requires mandatory attendance and participation in a series of six meetings that will be held one Saturday per month for approximately five hours. I am committed to attending all such meetings. Additionally, I commit to read all materials in the required time and to completing other required assignments (group or individual) for the duration of the program.

I agree I do not agree Signature _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

The Parent/Guardian section must be completed by the parent/guardian.

- (1) I agree to be responsible for my son's timely attendance at ALL program Sessions/activities.
- (2) I have read and understand the program rules and requirements.
- (3) I agree to monitor my son's compliance with all program rules and requirements.

I agree I do not agree Signature _____

Parents, please identify any specific area were you believe your son might need assistance (e.g. academic support, self-discipline, taking initiative, etc.)

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Parent/guardian contact information

Name:	
Address	
Home Phone:	Cell Phone:
Email Address:	

Emergency contact information (Required for all applicants)

Name:	
Address	
Home Phone:	Cell Phone:
Email Address:	