

JUMP START U4 COLLEGE PAPER APPLICATION

Type in Information OR Please Print Neatly

1. Form is not complete unless required areas are answered.
2. Space on the tour is not confirmed without non-refundable **deposit and application**. Payment can be made via PayPal or with cashier's check or money order, payable to: Gaddis Foundation for KIDS, P.O. Box 360832, Columbus, OH 43236. Please include student's name on the memo section.
3. Please save and email application to Alethea Gaddis at agadddis@gaddis4kids.org.

Today's Date:* _____

Gender:* Male or Female (Place X in Square)

First Name:* _____

Last Name:* _____

Tee Shirt Size:* _____

Nickname or Preferred Name: _____

Birth Date:* _____

Street Address:* _____

Street Address Line 2: _____

City, State, Zip Code:* _____

Phone Number:* _____

Email address:* _____

School:* _____

Class Status (as of fall semester):* _____

Current GPA:* _____

High School Graduation Year:* _____

Activities, Awards, and Honors (school, church, community, etc.) *

Have you taken the ACT?* Yes or No (Place X in Square)

If yes, what is your score?

Have you taken the SAT?* Yes or No (Place X in Square)

If yes, what is your score?

What careers interest you?

What are your hobbies and other areas of interest?*

How did you hear about the tour and why do you want to participate?*

Mother/Guardian First and Last Name:* _____

Email Address: * _____

Home or Mobile Phone:* _____

Work Phone _____

Home Address (if different from applicant) _____

Father/Guardian First and Last Name:* _____

Email Address: * _____

Home or Mobile Phone:* _____

Work Phone _____

Home Address (if different from applicant) _____

(Required for submission) *

Student Ink or E-Signature (Type your full name) *

Parent/Guardian Ink or E-Signature (Type your full name) *

Please review payment and cancellation policy carefully.