



Trellis for Tomorrow Program Application

Program(s) applying for: Youth Environmental Stewardship Youth Seed Enterprise Youth Seed Enterprise Springboard

Session(s) applying for: Spring Summer Fall

Have you participated in the program you are applying to before? No Yes - How many times? _____

YOUTH PARTICIPANT INFORMATION

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Student's Cell Phone: _____

Student's Email: _____

Current School: _____ Current Grade: _____ Graduation Year: _____

Best time to reach you: _____ Best way to reach you: Cell E-mail Home Phone

Gender: FEMALE MALE OTHER _____ Date of Birth: ____/____/____ Current Age: _____

Race: African American Asian White Hispanic Multi-Racial Other _____

PARENT(S)/GUARDIAN(S) INFORMATION – **If living at home/with a parent or other guardian.**

Parent/Guardian: Mother & Father Grandparent Aunt/Uncle Other _____

Last Name: _____ First Name(s): _____

Home Phone: _____ Cell Phone: _____

Email: _____

Best time to reach you: _____ Best way to reach you: Cell E-mail Home Phone

PLEASE PROVIDE HOUSEHOLD & INCOME INFORMATION: **THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY.**

Trellis relies heavily on funding to be able to offer these programs, as well as offer participants an educational grant. Our funders occasionally ask for statistics, household size and income in particular, and providing them with this data helps us continue to receive their grants. We DO NOT share any personal information (i.e. no names), only the statistics of family size and income. We greatly appreciate your cooperation in providing this information.

TOTAL NUMBER of PEOPLE in the HOUSEHOLD (you plus everyone else): _____

ESTIMATED TOTAL ANNUAL HOUSEHOLD INCOME: _____