

**¡GANAS!**

Application Form

**Application Deadline: No later than May 17, 2019**

Please respond to the following questions. Answer honestly and to the best of your ability, and as neatly as possible. Your personal information will be held confidentially. Program starts **Saturday, June 22-Tuesday, June 25**

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| **Name (First and Last):** |
| **Birthday** (MM/DD/YYYY) |
| **Home or Mailing Address**: |
| **City**: **State**: **Zip Code** |
| **Home phone**: **Cell**: |
| **Email:** |
| **Languages you speak** (fluently or not) |
| **Language(s) primarily spoken in your home**: |
| **Parents/guardians who will drop you off or pick you up after program & phone number**: |
| **Name of school you are attending**: |
| **Current grade level in school:** |
| **Year you expect to graduate from High School:** |
| **Current GPA:** \_\_\_\_\_\_\_\_ (this will not affect your acceptance into the GANAS program) |
| T-SHIRT SIZE X-large large medium small |
| Returning GANAS student: Yes No |
| **Why do you want to attend COCC’s GANAS PROGRAM ?** |
| **Please describe what your future goals are in detail?** |
| **Please discuss what things you are currently doing at your High school and/or community?** |
| **For returning GANAS student**. Why do you want to return to GANAS? |