



# Professional Opportunities Program for Students, Inc.

## POPS APPLICATION 2010 - 2011

Student's Name \_\_\_\_\_  
*Last First Middle (Complete)*

School Name \_\_\_\_\_ Grade Level (10) (11) (12) Age \_\_\_\_\_  
*Please circle one*

Career Interest \_\_\_\_\_  
*1<sup>st</sup> 2<sup>nd</sup>*

Email Address \_\_\_\_\_ D.O.B: \_\_\_\_\_ Gender:  M  F

Home Address \_\_\_\_\_  
*Number and Street Apartment #*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
*Area code Area code*

Citizenship  US Citizen  
 Dual US citizen; please specify other country of citizenship \_\_\_\_\_  
 US permanent resident visa; Citizen of \_\_\_\_\_ Alien registration # \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

Please check all that apply:

- African American/Black
- Hispanic/Latino
- Caucasian/White
- American Indian
- Asian
- Other (Specify \_\_\_\_\_)

(Legal) Parent(s) or Guardian Name 1. \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

(Legal) Parent(s) or Guardian Name 2. \_\_\_\_\_

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Do you have transportation to and from events and summer internship sites?  Yes  No

How many people live in your household? \_\_\_\_\_

What is your family's income range?

0-\$20,000 \_\_\_\_\_ \$ 20,001-\$35,000 \_\_\_\_\_ \$35,001-\$45,000 \_\_\_\_\_ \$45,001-Above \_\_\_\_\_

Have you ever been arrested?  Yes  No

If yes, were you charged with a felony?  Yes  No

List your cumulative GPA: \_\_\_\_\_ List the total number of credits you have earned: \_\_\_\_\_

Do you currently receive Free or Reduced Lunch?  Yes  No

**PLEASE ATTACH A ONE PAGE ESSAY WHICH ADDRESSES ALL OF THE FOLLOWING:**

- Why you should be selected to participate in the POPS Program
- What you expect to gain from the POPS experience
- How you will apply what you gain from the program to your life

\*\*I understand that my child's involvement in the POPS program may require a background check and drug testing and I give my permission for the POPS program to obtain this information. I also understand that my child may be photographed or videotaped for POPS related events and I give my permission to use these images or likeness for POPS collateral and or media distribution.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
(If under 18) Parent Signature \_\_\_\_\_  
Date

**All applications must be returned to the POPS office**

Applications are accepted on an on-going basis. All requested items must accompany the application or the application will be considered incomplete. Incomplete applications will not be accepted.

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_