



STUDENT APPLICATION CHECK LIST

PARENTS/STUDENTS:

In order for your application to be considered,

- (1) Every item on the APPLICATION must be filled in;
- (2) All the items on the CHECK LIST below must be checked and signed by the parent;
- (3) The application, this Check List, and your 500 word essay **MUST** be mailed to Ms. Rebecca Temple, SBSP Coordinator, Atlanta Business League P.O. Box 92363, Atlanta, Georgia 30314
- (4) The **DEADLINE** for submission is, **Friday, April 30, 2010.**

CHECK LIST:

- Parent contact phone numbers: home, office, and cell
- Student Social Security number
- Student Current Georgia ID or Drivers License Number
- Email address for student and/or parent
- Emergency Contact Information
- Agree to dress code as described in the Fact Sheet (*Strongly enforced*)
- Requirement: Attendance at ABL Annual Meeting, 11/10/2010 at The Hyatt Regency Atlanta Hotel.

- Student writes a 500-word essay entitled: "What I hope to learn from the program; and my hopes and plans for the future." The essay must be typed, grammatically correct and double-spaced.
- Signature of parent and student on both application and check list
- Scholarship: Students who successfully complete the program will be eligible to receive a monetary scholarship based on requirements being met.

PARENT SIGNATURE: _____ Date: ___/___/___

STUDENT SIGNATURE: _____ Date: ___/___/___



ATLANTA BUSINESS LEAGUE

**Student-Business
SHADOW PROJECT**

STUDENT APPLICATION FORM

PLEASE PRINT (APPLICATION MUST BE COMPLETED BY STUDENT AND SIGNED BY PARENT)

Student Name:	Date: / /	
Address:		
City:	State:	Zip:
Home Phone: ()		
E-mail address:		
Parent/Guardian:		
Phones: Office ()	Home ()	Cell ()
E-mail address:		
Student Information		
Birth Date: / / Current Age: Social Security #:		
Georgia ID or Driver's License Number:		
Sept. 2010 Grade: School:		
What do you want to be "when you grow up"?		
Why do you want to participate in this program and to what other organizations do you belong?		
What kinds of businesses would you like to visit?		
Emergency contact:	Phone(s): () ()	
Does student have current health insurance? Yes () No ()		
My child will be available for a mandatory attendance at the ABL Annual Meeting November 10, 2010 at the Hyatt Regency Atlanta Hotel Yes () No ()		
Parent/Guardian Signature:	Date: / /	
Student Signature:	Date: / /	