

# New Seasons Youth Program Inc.

## New Seasons Youth Program Application

2314 Malta Drive Conyers, GA 30012 678-469-2589

#### BASIC INFORMATION

				11011			•	678-469-2589
Full Name: _				Sex: 🗆	Male	☐ Female		
	(Family Name)	(First Name)	(Middle Nam	e)				
Date of Birth	:	Home (	Country Phone N	ımber:				
	(Month/Day/Y	Year)						
Country of B	irth:	Co	untry of Citizens	hip:				
What City w	here you Born:		_					
Permanent A	ddress (in home cou	intry):						
	(City)		(District or Prov	vince)			(Cour	ntry)
Email addres	ss:							
		IMMIGR A	ATION/VISA INI	FORMATIO	N			
Vice True:	☐ Applying from over					□ M 1		
□ J-2 □	M-2 □ H-4 □	☐ Other (Please	explain):					
	ool that Issued an I							
	oer :							
		LOCAL	CONTACT INF	ORMATION	L			
	ete this section if (a							
Current US N	Mailing Address and	d Telephone Nur	nber:					

### **FAMILY INFORMATION**

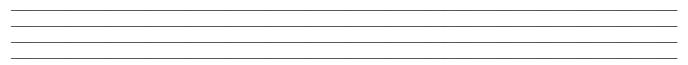
Father's Name:(Or Guardian)	Occupation:				
Father's Place of Employmen	t:Father's Birth Country:				
Father's Highest Level of Edu	cation:				
College/University Father atto	ended:				
Mother's Name:	Occupation: _				
Mother's Highest Level of Ed	ucation:				
College/University Mother att	ended:				
Mother's Place of Employmen	nt:]	Mother's Birth Country:			
Parent's Physical Address, em					
Are you parents: Marı	ried SingleDivorced Separated	Widowed			
EDUCATIONAL BACKGRO	UND				
Are you a high (secondary) sc	hool graduate? □Yes □No If "Yes," list d	ate of graduation:			
another country. If you attend	secondary schools and colleges or universities led more than two schools, give the necessary of of graduation from a secondary school as what you have attended	y information on a separate page. You must			
Name					
Street Address and Location					
<b>Dates Attended</b>					
Major					
Diploma/Degree Received Is the Institution Public or Private					
	Institution #1  Please list if the Institution is p	Institution #2 public or private			
***Submit proof of g with application**	raduation from secondary school and college o	or university transcripts			
What is your intended field of	study/major?				

*What is your Second choice of study/major?
*What is your Third choice of study/major?
What was your graduating class size What was your rank in your class
Please Provide the name, email address and phone number for the following:
High School Counselor:
High School Teacher:
High School Principle:
ENGLISH TRAINING
Is English your native language? $\square$ Yes $\square$ No If "No," what is your native language?
How many years have you studied English?
What is your SAT Score? Evidence Based ReadingMath  Date SAT taken:
What is your Composite ACT Score?
Church and/or Religious Affiliations:
Are you a born again believer: Yes No (Briefly share your Christian experience, you may also submit a separate page if more room is needed):
What church or religious organization are you a member of:  (Please list church address, Pastor, email address and phone number)

Please list any church or religious organization auxiliaries in which you participate:
(E.g. Sunday and/or Sabbath School, youth department, missions, choir, ministerial, deacon, sports ministry, etc.) You may also attach a separate page if needed
Ton may also under a separate page y needed
Briefly share your educational plans/career goals after completing a four-year program at an American college?
List any special skills or talents (including sports):  (Please be specific)
(rease be specific)
List any special awards or certificates you have received:
(Please be specific)
What is your impression of an American college or university?
r and get a state of the state
How can New Seasons best assist you:
II. I'l a hand Na Carra (Diana) and Carra (Company)
How did you hear about New Seasons (Please include names of former or current students):
Please list any community service organizations, church groups or school clubs you've volunteered with:
(List activities as well, you may attach a separate page if more space is needed)

Please list any medical conditions and medications you may require: (Asthma, seizures, diabetes, high blood pressure, hiwaids, mental illness, depression, allergies, etc.):
Please list any medical conditions or medications you may have had in the past:
Please list any disabilities: (Do you require any special assistive device or accommodations?)
Do you have any special distant peeds? Vos. No.
Do you have any special dietary needs? Yes No (If yes please list)
Have you ever been convicted of a crime? Yes No (If yes please explain)
Have you ever been suspended from school? Yes No (If yes please explain)
Have you ever missed an extended time from school? Yes No (If yes please explain)
Are you currently working or have you ever been employed? Yes No (If yes please list job title you may also attach a resume)

Please share your Facebook, Tweeter, Snapchat, WhatsApp information:



If you would like to submit a video(s) demonstrating any special talents or skills such as singing, instrumentals, debate and/or public speaking, sports activities, etc. which can help us better access your skills and talents you may do so.

#### **PERSONAL ESSAY**

Please tell us about yourself, community service, your educational goals and why you wish to study in the U.S. Use a separate sheet of paper to type and or write an essay. If writing, please print clearly in blue or black ink. You must print your name at the top of the paper and a **picture** should be included on your essay.