

Student Interest Form

If a student is interested in becoming a part of SWAG, please complete the form below and include a letter explaining how you feel SWAG can help you achieve your goals. Thank you for your interest in Students With A Goal.

Student Information

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| School: | Age: |  |  |
| Gender: | Current Grade Level: |

Parent/Guardian Information:

|  |  |
| --- | --- |
| Name: | Phone Number: |
| Address: | City:  |
| Email Address: | State: Zip: |

SWAG can help me achieve my goal of …..