VERIZON INNOVATIVE LEARNING FOR MINORITY MALES
Directed by Dillard University

APPLICATION

☐ **SESSION 1: June 7th – June 21st / 8:00 am – 3:00 pm**
☐ **SESSION 2: June 22nd – July 7th / 8:00 am – 3:00 pm**
(Please note that acceptance to each session is on a first come first served basis)

PLEASE PRINT

Last four digits of Social Security number _____ Tee Shirt Size: _____

NAME: _____
Last *First* *Middle*

Birthdate: _____ Age: _____ Current Grade:_____

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Teacher: _____

Email address: _____

What is your racial background?

☐ Black or African American ☐ Native Hawaiian/ Pacific Islander
☐ Hispanic or Latino ☐ Asian
☐ American Indian or Alaska Native ☐ White ☐ Other _____ ***(Specify)***

PARENT INFORMATION

Name: (Mother/guardian) _____
Last First

Name: (Father/guardian)_____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ _____
Cell Home

Email Address: _____

EMERGENCY CONTACT INFORMATION

_____ _____ _____
Name of emergency contact Emergency contact number Relationship

Email address: _____

TEACHER RECOMMENDATION

TEACHER RECOMMENDATION: Ask your current teacher to complete a brief evaluation of you on this page.

(Please print below information)

Student's Name: _____

Name of School: _____

Teacher's Name: _____

Teacher's email address: _____

Telephone number: _____

Subject: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF HOW YOU RATE THE APPLICANT BASED UPON ACADEMIC PERFORMANCE, INTELLECTUAL POTENTIAL, CREATIVITY, ORIGNALITY, MOTIVATION, INDEPENDENCE AND LEVEL OF MATURITY.

_____

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_____ _____

Signature Date

verizon

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DILLARD UNIVERSITY

COUNSELOR STATEMENT

(Please type or print information)

Student's Name: _____

Name of School: _____

Counselor: _____

Email address: _____

Telephone number: _____

PLEASE PROVIDE AN OVERALL DESCRIPTION OF STUDENT'S ACADEMIC PROFILE, BEHAVIOR OR ANY INFORMATION THAT WOULD BE HELPFUL IN DESCRIBING THE STUDENT'S ABILITY TO PARTICIPATE IN THIS PROGRAM. Also please attach student report card.

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_____ _____

Signature Date