



Adelante! America Program Application

Student Information

Please print or type the requested information clearly

Program Site _____ Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Sex Male Female Date of Birth ____/____/____

Home Phone _____ Email _____

School _____ Grade _____

Student ID# _____ Current GPA _____

Ethnicity: American Indian/Native American Asian/Pacific Islander

African American Latina/o White/ Caucasian Other: _____

Parent Information

Guardian's Name _____

Relationship to Guardian _____

Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Marital Status _____

Guardian's Education Level (Check the Highest):

- Kindergarten– 6th grade High School Diploma Graduate Degree
 7th-8th Grade AA Degree Post Graduate Degree
 Some High School BA Degree

Emergency Contact Information

Name _____
Relationship to Student _____
Phone Number _____

Family Financial Information

Number of Family Members _____ Family Income _____

Do you/your child receive any of the following?

- Free/Reduced Lunch Public Housing Food Stamps TANF
 Unemployment WIC SS/SSI Other _____

Latino Leadership, Inc.
1010 Executive Center Drive - Suite 100 - Orlando, Florida 32803
407-895-0801 – www.latino-leadership.org

Please return application by fax to 407-895-0803 or by email to mgbeard@latino-leadership.org.