



Perfect 10 Program Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Program Start: June 6th, 2022

Are you a member of the Good Fight Community Center? YES NO

Will your parent allow you to participate? YES NO Parent Signature

Were you referred to this program? YES NO

If yes, what organization:

School

School: Address:

Grade:

References

Please list two references.

Full Name: Relationship: Company: Phone: Address:

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## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance into the Perfect 10 program, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_