



The Good Fight Community Center

Perfect 10 Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Parent Phone: _____ Parent Email: _____

Program Start: **June 5th, 2023**
Program Typical Schedule: **Monday-Thursday 8:00am-4:00pm**

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

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: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

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.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____