

WORK ETHIC SEAL PROGRAM ENROLLMENT APPLICATION

Program Participant Name: _____ Date: _____

Home Address: _____

Home Phone: _____ E-mail Address: _____

Parents/Guardian Names: _____

Parent/Guardian Email Address: _____

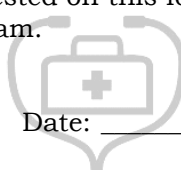
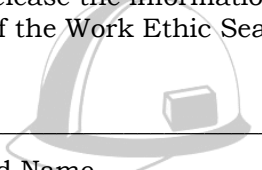
School: _____

Applications must be completed and returned to your Career & College Readiness Counselor.



Student Release Information:

I, _____, authorize my Career & College Readiness Counselor to release the information requested on this form to be used for the purposes of the Work Ethic Seal program.



Student Printed Name

Date: _____

Student Signature

WORK ETHIC SEAL