

# William R. Scott Rites of Passage Program

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

## STUDENT PERSONAL INFORMATION:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_)\_\_\_\_\_

Are you a member of Greater Shiloh?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of another church?

Yes \_\_\_\_\_ No \_\_\_\_\_

How old are you? \_\_\_\_\_ What is your birthdate? \_\_\_\_\_

Can you attend the programs on Thursday evenings and Saturday's? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that information contained in this application is true and complete. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_