

ESD P.E.A.R.L.S MENTORING MEMBERSHIP APPLICATION



APPLICANT (MENTEE) INFORMATION

Name:

Date of birth:

Phone/Cell:

Driver's License#/State:

Current address:

City:

State:

ZIP Code:

E-Mail Address:

Preferred Method of Contact:

PEARLS Annual Enrollment Fee: \$75

SCHOOL INFORMATION

Current school:

School address:

Grade in School:

Phone:

City:

State:

School District:

ZIP Code:

List activities involved in at school:

GPA:

Favorite Subject:

2nd Favorite Subject:

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

P.E.A.R.L.S LEVEL OF INTEREST (RANK 1-8 - #1 HIGH INTEREST – 8 LOW INTEREST)

Leadership Institute: _____ PEARL Tech: _____ PEARLS in Business: _____ PEARLS Dance Team: _____ PEARLS in Health: _____

PEARLS "All About Me" Pageant: _____ PEARLS in Architecture: _____ PEARLS Science Research Group: _____

WHY PEARLS MENTORING PROGRAM

Please describe why you want to be a part of the PEARLS Mentoring Program?

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PEARLS

MENTORING PROGRAM

REFERENCES

Name	Address	Phone/Email

RECOMMEND FRIENDS TO THE PEARLS MENTORING EXPERIENCE

Name/email	Name/email
Name/email	Name/email
Name/email	Name/email

SIGNATURES

I acknowledge the PEARLS Mentoring Program is designed to have monthly activities that run at least once a month during the periods of September – May each year. I understand that to continue in the program an annual fee must be paid prior to the start of the September session, and some activities may require additional registration fees to participate but will be informed of those fees in a timely manner to participate if I choose to do so. My participation in this program also includes a community service component in which I will participate. My (Mentee) initials _____.

I acknowledge that my daughter is under the age of 18 years old and as the parent, I am signing for her to participate in this 9- month program. I understand this program involves participation at least once a month for mentoring coaching meetings, and other activities are scheduled through the program, including webinars and teleconferences to keep my child engaged in various disciplines of the program (i.e. Business, Health, Tech).

Signature of mentee:	Date:
Printed Name:	Initials:
Signature of parent:	Date:
Printed Name of Parent:	Initials:
Who were you referred by:	Checks Payable to Early Start Development

Mail/email Membership Fee and Application to: Early Start Development 350 N. Sam Houston Pkwy E., Suite B200, Houston, TX 77060

