

(Attache your Photo)

Program Application



Post-Secondary Education Transition (PSET)

MBP's Contact Information:

Email homelessdreamnow@mendingbrokenpieces.onmicrosoft.com


Call or Text: (404) 482-0457

CONTACT INFORMATION

 Personal Info		
	(Last name)	(First name)	(Middle Initial)
 Address		
	(Street Address)		(Apartment/Unit #)
	(City)	(State)	(ZIP Code)

	(Phone)		(Email)
		
	(Date of birth)	(Age)	
		
	(Select one)		

SCHOOL INFORMATION

 Educational Info	
	(High School)		(Country)	
	9 th	10 th	11 th	12 th
	(Select Grade)			
			
	Grade Point Average (GPA)			

Do you have a job (or take care of younger siblings after school)?

YES NO

If yes, what days and times do you work?

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List your skills & talents:

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What is the best day and time for you to attend the program?

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Tell us why you want to participate in this program?

Duration of
program:
Six (6) Weeks

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References *(Please list three references).*

1

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(Full Name)

.....
(Relationship)

.....
(Company)

.....
(Phone)

.....
(Address)

2

.....
(Full Name)

.....
(Relationship)

.....
(Company)

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(Phone)

.....
(Address)

3

.....
(Full Name)

.....
(Relationship)

.....
(Company)

.....
(Phone)

.....
(Address)

WAIVER AND SIGNATURE

Wavier for Photo and Video Images

I acknowledge that PERSON'S working and volunteering with Mending Broken Pieces, Inc (MBP) may take photographs and/or videos of participants. I consent to and authorize MBP to use participants image, voice, and likeness for all purposes through any media now and in the future. I hereby waive my right to inspect or approved images or any finished material that incorporate my image. I understand that and agree that MBP will hold copyright to the images and that the images may be distributed to other organizations for use in a publication. I also understand that I will receive no compensation in connection with the use of my image. NOTE: MBP takes great care in respecting and protecting the rights of all vulnerable and homeless young women of Color in our3 care. If you participate in the foster system, it is your right to choose to not allow photos that would identify you. please consult your Case Worker for additional information.

This Wavier shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Wavier and Release Form shall be commenced exclusively in the Superior Court in and for Fulton County, Georgia.

This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information above carefully before signing. I understand that I am not subject to any adverse action if I do not sign. I certify that my answers are true and complete to the best of my knowledge.

.....
Signature

.....
Date

SAVE

Reset

Submit