



Knoxville Area
Urban League

*Empowering Communities.
Changing Lives.*

Student Information

Last Name	First Name	Middle Initial

Gender	Ethnicity
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other _____

Street Address	City	State	Zip Code

Home Phone	Cell Phone	Email Address

What is the best way to contact you?	Birthdate	Age
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email Address		

ACHIEVER'S SOCIETY INFORMATION (To Be Completed by the Knoxville Area League ONLY)

Date Application Received		<input type="checkbox"/> National Achievers Society (10-12)
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Educational Information

School Name	Current Grade Level	GPA

School Street Address	City	State	Zip Code

School Telephone Number	Guidance Counselor Name	Graduation Year

Parent/Guardian Information

Mother's Last Name		Mother's First Name	
Mother's Home Phone		Mother's Cell Phone	
Mother's Work Phone	Mother's Email Address		
Mother's Highest Grade of Education			
Street Address (if different from above)	City	State	Zip Code
What is the best way to contact you?			
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email Address			

Father's Last Name		Father's First Name	
Father's Home Phone		Father's Cell Phone	
Father's Work Phone	Father's Email Address		
Father's Highest Grade of Education			
Street Address (if different from above)	City	State	Zip Code
What is the best way to contact you?			
<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email Address			

Student and Parent/Guardian's Signature

I certify that all information included in this application is true and complete. I hereby grant the Knoxville Area Urban League and the National Urban League to verify such information.

Student Signature	Date
I authorize the Knoxville Area Urban League to obtain and verify academic information for my child, including but not limited to transcripts and progress reports as a requirement of their eligibility to participate in programs at the Knoxville Area Urban League.	
Parent Signature	Date

