

# EDA Participant Information Form

(Please return forms to Project Leadership at 505 W. Third St., Marion, IN 46952)

Are you a parent/guardian of a Twenty-First Century Scholar (a requirement for the EDA program)?

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

If **yes**, please provide the following information about the Scholar:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_

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Your name \_\_\_\_\_ Age \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County of Residence \_\_\_\_\_ County of Employment \_\_\_\_\_

Current workplace \_\_\_\_\_

Educational background (check all that apply):

\_\_\_ Some high school \_\_\_ Completed high school \_\_\_ Technical school \_\_\_ Some college

\_\_\_ College graduate \_\_\_ Graduate/professional school \_\_\_ Other (Please specify)

\_\_\_\_\_

What are your educational or career goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently attend college, trade school or other certification program? \_\_\_\_\_

If yes where? \_\_\_\_\_

Are you a full time or part time student? \_\_\_\_\_ What is your major? \_\_\_\_\_