



**ESTATE BOVONI – TUTU HI-RISE WEED AND SEED
GROVE PLACE WEED AND SEED**

**Tel# 340-776-1525 STT
340-201-9097 STX**

DEEPLY

YOUTH APPLICATION

DRUG EDUCATION FOR YOUTH

Coordinator Use Only

Date Received: _____

Application #: _____

Please type or print legibly – To be completed by Parent or Guardian

Youth's Name: _____ Age _____ DOB: ___/___/___

Youth's Address: _____

Youth's Email Address: _____

Name of Youth's School: _____

Last Grade attended _____ Promoted _____ Retained _____

Father's Name: _____

Father's Address: _____

Work Phone: () _____ Home Phone: () _____

Email Address: _____

Mother's Name: _____

Mother's Address: _____

Mother's Work Phone: () _____ Home Phone: () _____

Email Address: _____

Legal Guardian's Name: _____

Legal Guardian's Address: _____

Guardians Work Phone: () _____ Home Phone: () _____

Email Address: _____

By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp and the Phase II School - Year Mentoring Component. I also agree to participate in any and all program measures of effectiveness studies, surveys, and questionnaires to further improve the quality of the Program.

Signature _____

Date _____