



Middle School Participant Application
Summer 2014 Program

Tentative Dates & Times:
June 16th – July 11th, 2014
9:00 a.m. – 12:00 noon

LOCATIONS

Planned locations: Please indicate the order of your preference (1-4, 1 for “most preferred”)

Eastside Detroit Downtown Detroit
 Westside Detroit Northwest Detroit/Southfield

DIRECTIONS

Please complete both sides of this application and return via:

Fax: (313) 961-8307 **US Mail:** SPARK Health Careers
 2111 Woodward Ave., Suite 610
Email: sparkhc@projectseed.org Detroit, Michigan 48201

APPLICANT INFORMATION

Student Name: _____
 Gender: _____ Date of Birth: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Student Email Address: _____
 Grade (Fall 2014): _____ Name of School: _____
 Household Income: \$ _____ Household Size (Total # of adults & children) _____
 Is youth applicant eligible for Free or Reduced Lunch Program? Yes _____ No _____
 Parent/Guardian Name(s): _____
 Parent/Guardian Phone: () _____ Other: () _____
 Parent/Guardian Email Address(es): _____

SHORT ESSAY

MANDATORY: This section must be completed by the student.

Why you are interested in attending the SPARK Health Careers program?
 (Attach an additional sheet of paper, if necessary.)
