

LOOK to Clermont

Application Summer 2017

PERSONAL DATA

Name: (first) _____ (middle) _____ (last) _____

Nickname/Name you prefer to be called: _____

Date of Birth: _____ Sex: M F

Home Address: (street) _____

City & State _____ Zip: _____

Student Phone: _____ Email: _____

Parent or Guardian Name (s): _____

Parent or Guardian Email Address: _____

Parent or Guardian Phones: _____

SCHOOL/COMMUNITY ACTIVITIES

Organization/Activity:

Position/Participation:

_____	_____
_____	_____
_____	_____
_____	_____

Honors, Awards, Achievements:



BENEFITS

In addition to completing a service learning project, what benefits do you expect to gain from your participation in LOOK to Clermont?

PARENTAL PERMISSION

I have read and understand the program requirements, my son/daughter has my support and permission to participate in the LOOK to Clermont Summer Leadership Experience. I am aware of the program requirements and understand that students are expected to attend all program activities.

Transportation: Meetings will be held at a variety of sites throughout the county. Specific locations and directions, along with agendas, will be distributed to students. Students are to provide own transportation to and from class sites.

Signature of Parent or Guardian**Date**

This verifies the parent/guardian's understanding of attendance requirements, project and commitment to the program

I permit LOOK to Clermont 4-H to print photographs and biographical information about myself in the LOOK to Clermont Graduate Directory and in material promoting the programs and accomplishments of its graduates.

Yes _____ No _____

Signature of Applicant**Date**

This verifies the applicant's understanding of attendance requirements, project and commitment to class

APPLICATION RETURN**Due by June 1, 2017**

Please make payment of \$300 to OSU Extension – Clermont County

OSU Extension Clermont County
LOOK to Clermont Summer
P.O. Box 670
Owensville, Ohio 45160

By scan / email:
Send to Pam Clark
Clark.2652@osu.edu