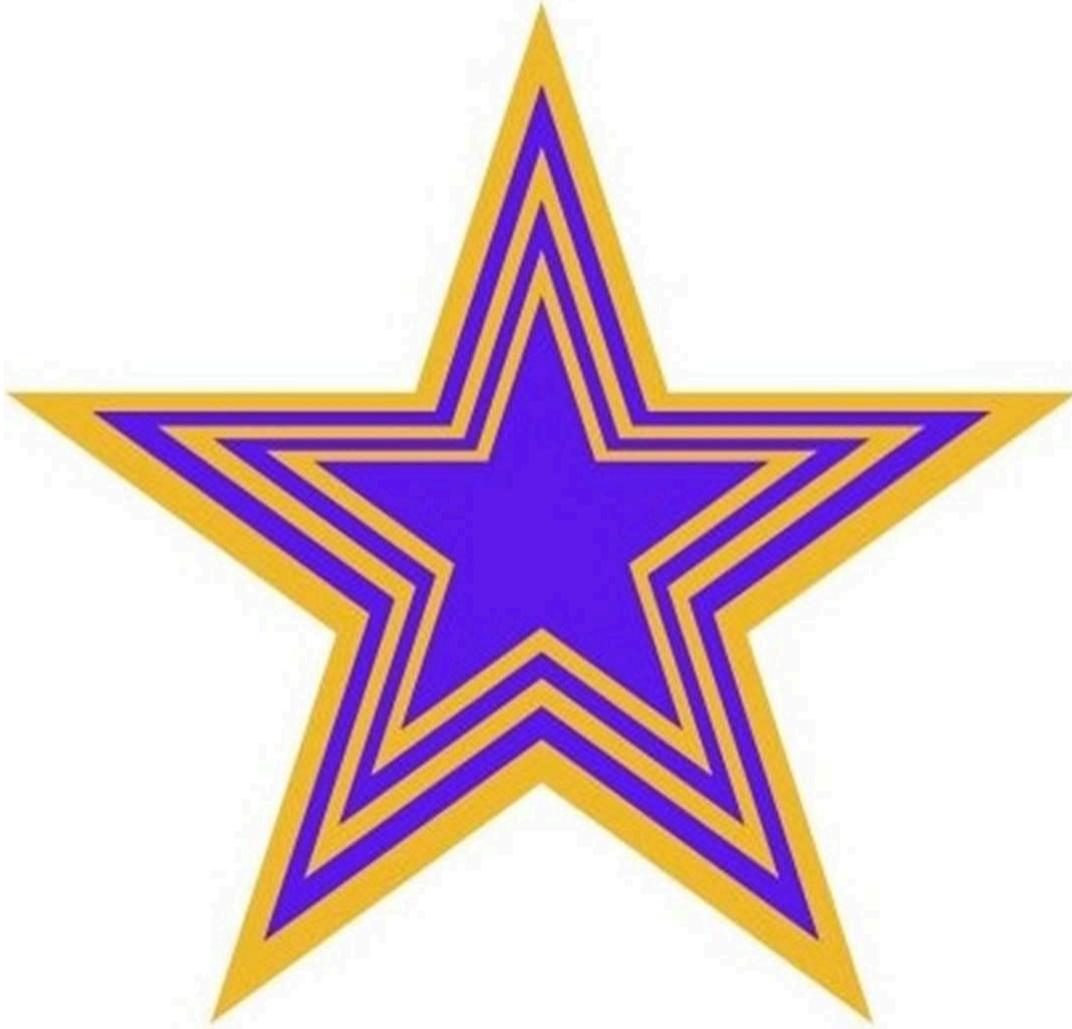


# Star Program Application Packet



**STARS PROGRAM**



## Stars Application

### Prospective Member Information Profile

Please complete all information requested. Print (black ink) or Type.

Name:

Email Address:

Home Address:

City:Home

State:

Zip Code:

Home Phone:

Birthday:

Age:

School:

Grade:

Grade Point Average (un-weighted):

Were you referred by a member of Project Aspiration Foundation (PAF) or existing Star program family):

Parents / Guardian:

Name of Parent/Guardian

cell number

email address

### Organizations/Teams that you have participated in:

1.

2.

3.

4.

**Parental Release Form 1B**



"I hereby grant permission for my child \_\_\_\_\_ to participate in the Columbia Chapter of Star Program. The Star Program is supervised by members of PAF Inc. By signing this permission/waiver notice, you are releasing the Star Program and PAF, Inc. from all liability of accidents or injury that may result from meetings, outings, field trips or other activities which necessitate gathering or traveling.

"In granting this permission, I also authorize members of PAF, Inc. to transport my child to events by private or chartered vehicles. I specifically release and will hold harmless Star Program of PAF, Inc. their officers, & members of all liability which may arise as a result of such transportation.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Health Information Form 1C



Participant's Name:

Birth Date:

Name of emergency contact:

Relationship:

Does this participant have any physical or emotional conditions of which that we should be aware?

Restrictions on activities:

Known Allergies:

**Parent's Authorization:**

I, \_\_\_\_\_ do hereby authorize necessary emergency measures in  
the treatment of my son, \_\_\_\_\_ if needed.

I attest that my son is in good physical health and does not have any restrictions except what's noted on this form. I release the Stars Program, PAF, and its members from liability of any medical event during an activity. In the event of a medical emergency, I authorize immediate medical attention, to include hospitalization and proper treatment on behalf of my child.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Code of Conduct Form 1D:**

1. Possession and use of any drug, marijuana, tobacco, or alcohol is strictly forbidden. Violations will result in immediate dismissal from the activity and potential expulsion from the program.
2. Attendance of all Activities is expected. Three absences from activities/meetings may impact the status of involvement in the program.
3. We anticipate that all participants may attend all activities/events until the official conclusion. Early departures must have consent from the parent and acknowledgement of the advisor on site prior to exiting.
4. Any rules and guidance provided by the advisor/leadership of activities must be followed.
5. All local, state, and federal laws shall be followed.
6. No foul language or disruptive behavior will be tolerated.
7. Participants are expected to show respect and courtesy to advisors, chaperones, and fellow Stars participants.

The participant's parents will be notified immediately if any of the rules are broken. Any violators will not be allowed to participate in future activities, and risks dismissal from the Stars Program. All funds to participate in the program are nonrefundable.

I AM committed to reaching my FULL potential!!!

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent / Guardian

\_\_\_\_\_

Date

## Letter of Intent/Letters of Recommendations

### Letter of Intent

(Essay from potential Member) Please answer the following questions in your letter of intent (letters must not exceed 250 words):

1. What are your life goals (Career, Academic, and Personal)? What weaknesses do you have that you believe this program can help you with? What strengths will you bring to the Stars program? What do you hope to get out of this experience?

### Recommendation Letters

We are requesting 2 Recommendation letters to include:

- A description of gifts, talents, motivations, and interests of the potential participant.
- Mention how this program could benefit the candidate
- Recommendations may come from either a school faculty member, Coach, Pastor, or **Member of Project Aspiration Foundation**.

\*An official report card from the school attached to the letter of Intent is preferred.

Social Media:

IG:

Tik Tok:

Facebook:

Snap:

X: