

Coastal Classroom Summer Institute Application

Si usted necesita información en español, ponerse en contacto por favor con Luis Gonzalez: lgonzalez@cityparksfoundation.org.

Name: (Parent & Student)	
School:	
Current Grade: 2014-15	
Age:	
Home phone:	
Cell phone:	
Email: (Parent & Student)	

Why do you want to participate in the Coastal Classroom Summer Institute?

What do you hope to get out of this program?

What are your plans for this summer? Are you applying for other programs?

What are your career aspirations? What are your favorite subjects at school?

Are you interested in trying new things with new people? Why?

What change, if any, would you like to see in your neighborhood?

What questions do you have of us? How did you hear about this program?