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| CONDITIONED MINDS GLOBAL LEADERS PROGRAM - APPLICATION FORM |
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| Today’s Date: Enter a date |  |

STUDENT INFORMATION

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| Student’s Last Name: Last Name |  First: First Name | Birth date:Birthdate | Age: Age | Sex: Male [ ] Female[ ]  |
|  What Grade Are You Currently In: | Grade | School Name: School |

Home Address: Address

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| Father / Guardian Name: Last Name: Father Last Name | Phone Number: Fathers Phone | Email:Fathers Email |
| First Name: Father First Name |  |  |
| Mother / Guardian Name: Last Name: Mother Last Name | Phone Number:Mothers Phone | Email:Mothers Email |
| First Name: Mother First Name |  |  |
|  Emergency Contact Name: Last Name: Emergency Contact Last Name | Phone Number:Contact Phone Number | Relationship:Contact Relationship |
| First Name: Emergency Contact First Name |  |   |

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| Participant Shirt Size Shirt Size (Be Sure To List Youth or Adult Size) |  | List all sports that you play at your school or on a club team: |
|   |  | List Sports Played At School |

participants educationSchooling Type: (Public, Independent, Private, Home School, etc)

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|  | List Schooling Type |  |  |  |
|  | What subjects and activities do you think you currently do your best in and enjoy the most:

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| --- | --- | --- | --- | --- |
|  | Best Subjects and Activities |  |  |  |

What subjects and activities, if any, do you think you currently struggle with and enjoy the least:Least Favorite Subjects and Activities

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participants education |  |  |  |

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| Please list all extra-curricular activities you are currently involved in (sports, art, music, student leadership, clubs, etc.):

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|  | List Extracurricular Activities |  |  |  |

Please briefly describe your educational goals (graduation, college, learn a trade, etc.):

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|  | List Educational Goals |  |  |  |

What do you hope to do after you accomplish your educational goals?

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|  | List Goals After School. |  |  |  |

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| vocational informationAre you currently employed or do you intern anywhere? YES [ ]  NO [ ] If yes, please list position title, name of employer, type of work, and length of time of employment:

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| --- | --- | --- | --- | --- |
|  | Name of Employer |  |  |  |
|  | Please briefly describe your current and future vocational goals:

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| --- | --- | --- | --- | --- |
|  | List Current & Future Vocational Goals |  |  |  |

Please list your personal hobbies and interests:

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| --- | --- | --- | --- | --- |
|  | List Personal Hobbies |  |  |  |

Why are you interested in participating in the Global Leaders Program:

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|  | Reasons Why You Are Interested In Participating |  |  |  |

What do you consider your greatest strengths:

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|  | List of Greatest Strengths |  |  |  |

personal character |  |  |  |

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| Have you ever had any In / Out of school suspensions: YES [ ]  NO [ ] If so, how many times? How many days? Reason for suspension(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | List Suspension Information |  |  |  |

Have you ever been dismissed, or requested to withdraw from school: YES [ ]  NO [ ] If yes, explain:

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|  | List Reason for Discmissal |  |  |  |

Have you used drugs or alcohol within the past 2 years: YES [ ]  NO [ ] If yes, explain:

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|  | Explanation of Drugs and Alcohol |  |  |  |

What is the biggest and most significant problem you face currently in or out of school:

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| --- | --- | --- | --- | --- |
|  | List Significant Problems You Face in School |  |  |  |

What is the greatest asset you offer your school and/or community as a student/athlete:

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| --- | --- | --- | --- | --- |
|  | List Your Greatest Assets |  |  |  |

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Where do you see yourself in 5 years? Walk us through each year leading up to year 5:

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| --- | --- | --- | --- | --- |
|  | List Where You See Yourself in 5 Years |  |  |  |

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| information ELECTRONIC verificationI affirm that all information on my Global Leaders application is correct. I affirm that I am not on academic or disciplinary probation or suspension at my school, using drugs, alcohol, or involved in any type of bullying. I understand that if any of the information on this application is found to be false, my application will not be considered for acceptance or will be dismissed from the program without any refunds of any kind.

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|  | Electronic Participant Signature – By checking the box I verify that I am the person named as participant on this application form.Confirmed [ ]  |  | Enter Todays Date |  |
|  | Participant Electronic Signature |  | Date |  |

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| Electronic Parent Signature – By checking the box I verify that I am the parent or guardian of the named participant on this application form.Confirmed [ ]  |  | Enter Todays Date |
|  Parent / Guardian Electronic Signature |  | Date |

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| GLOBAL LEADERS – waiver release formI certify that I am the parent and / or legal guardian of the youth named on this application form (“Student”) and that I give consent without reservation to the following release on behalf of Student. I hereby voluntarily assume all risk of accident, harm, or injury to Student which may arise out of his/her participation, and therefore indemnify, release, defend, hold harmless and forever discharge Conditioned Minds Inc, and any of their employees, contractors, representatives, and other personnel from any and all liability, claims, demands, damages, costs, expenses, actions, and cause of action that may result from your students participation.

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|  | Electronic Parent Signature – By checking the box I verify that I am the parent or guardian of the named participant on this application form.Confirmed [ ]  |  | Enter Todays Date |  |
|  | Parent/Guardian Electronic Signature |  | Date |  |

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