



S U C C E S S  
FOR LIFE INITIATIVE

2010

STUDENT PROFILE PACKAGE

# Nomination Profile Package

This Student Profile Package needs to be completed in its entirety before a student can officially be accepted into the bootcamp if their interviews are promising. This package can be email (please ask SFLi staff to send an electronic version to your email) or faxed to Bianca Bonney at 888-529-8944. Please ensure that everything is filled out. This package consists of the following components:

- **Student Nomination Snap Shot:** please provide your basic contact info and photo (3x5 or 5x7)
- **Student Registration Form**
- **Student Voice Section:** each student should writing two statements in 500 words or less: (1) Why are you a good candidate for the Radical Dreams Success Bootcamp? (2) Describe your “radical dream.”

## Student Nomination Snap Shot

STUDENT PROFILE  
PICTURE (3x5)

Name:

School:

DOB:

Address:

Phone Number:

Email:

Nominator:

Favorite Quote:

Radical Dream:

## SFLi Radical Dreams Success Boot Camp REGISTRATION FORM

(Please Type or Print)

Today's date:						
PARTICIPANT INFORMATION						
Participants' Last name:		First:	Middle:	Sex: M F	Age:	Date of Birth: / /
Street address:			Social Security no.:		Home phone number: ( )	
P.O. box:	City:		State:		ZIP Code:	
Current Grade in School:	School of Record:				School Location City:	
Any Other family members attending RD Camp today? No___ Yes___ (if yes, list relatives name s)						

PARENT OR GUARDIAN INFORMATION			
(Please give your Identification to the receptionist.)			
Mother's Name -Last:	First:	Address ( if different from Participant)	Home phone number: ( )
Occupation:	Employer:	Employer address:	Employer phone no.: ( )
Father's Name- Last:	First:	Address if different from participant	Home phone number: ( )
Occupation:	Employer:	Employer address:	Employer phone no.: ( )
ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No			

IN CASE OF EMERGENCY	
Allegies:	
Any Daily Medications Required? No___ Yes___ (if yes please indicate what medication and dosage)_____	
Does your child know how to take the medications or does an adult have to administer?	
<i>In case of emergency, please contact:</i>	
<b>Name/Relationship</b>	<b>Phone</b>
<i>Special Instructions:</i>	

I give permission for my child, \_\_\_\_\_ to attend the Radical Dreams Boot Camp  
Weekend From Sept 10-12, 2010

X \_\_\_\_\_  
**Parent or guardian signature** **Date**

## Student's Voice

**Student Voice Section:** each student should writing two statements in 500 words or less:

(1) Why are you a good candidate for the Radical Dreams Success Bootcamp?

(2) Describe your "radical dream."