



Fantastic **U**nique **N**eat
A Week-long Summer Program
For
Young Women
July 6-11, 2008

Student Application Form

As a prospective applicant, you are required to submit the following information, along with a recommendation from your counselor, a recommendation from one of your teachers, and your \$50 application fee **postmarked by May 31, 2008**. Check to be made out to: LEARN to LIVE, INC. Please send all application materials to:

LEARN to LIVE Together
P. O. Box 876
Carrollton, GA 30112

Last name: _____ First name: _____

Email: _____

For which Program do you wish to be considered?

High School _____

Middle School _____

*Sessions may be combined or separated based on the maturity level of the participants.

During the school year 2007-2008 which Grade did you complete? _____

Name of your Current School: _____

Parent's Name (or Guardian)

Family's Permanent Address: _____

City _____ State _____ Zip _____ Telephone _____

On the back of this page, please submit a narrative statement that describes: something about yourself, your likes/dislikes, your future plans, and your reasons for wanting to participate in this summer program.

Alternatively, submit your application on-line at:

www.LEARN-to-LIVE.com

LEARN to LIVE, Inc
501(c)(3) Non Profit Organization
Tel: 678-890-8780

P. O. Box 876
Carrollton, GA 30112
Email: Director@learn-to-live.com

Website: www.LEARN-to-LIVE.com