



**FORT SILL STUDENT
SPONSORSHIP AMBASSADOR
APPLICATION**



DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5 United States code section 301.

PURPOSE: To record essential information from students enrolling in the youth sponsorship program.

ROUTINE USES: To provide a means of identification of students participating in the youth sponsorship program, to aid LPS, YS, and ACS in identifying suitable sponsors and matching them to newcomers.

DISCLOSURE: Voluntary; however, if information is not provided, student may be denied participation in the sponsorship program. This form will be used for the intended purpose only.

NAME: (First, MI, Last)		Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Grade:	School:	Lunch Period:	Homerroom:	
Home address:		Telephone:	E-Mail Address:	
Organizations:		Hobbies:	Sports:	

Do you maintain a "C" or above grade point average? Yes No

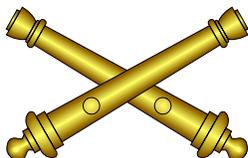
Are you available for summer sponsorship activities? Yes No

Please tell us why you would like to be a student sponsor. (Attach additional page if needed).

Teacher Recommendation (3 Teachers)

Please sign if you recommend this student and state you reason.

Teacher:	Reason:
Teacher:	Reason:
Teacher:	Reason:



I approve of my son/daughter
volunteering as a student sponsor.

Parent Signature & Date

