



APPLICATION

FULL NAME

DATE OF BIRTH

AGE

EMAIL

STUDENT CELL PHONE NUMBER

LAST 4 OF SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

SCHOOL STUDENT ATTENDS

IF YOUR PARENTS/GUARDIANS ARE MEMBERS OF CLARKE-WASHINGTON EMC,
PLEASE PROVIDE ACCOUNT NUMBER

HOW DID YOU HEAR ABOUT YOUTH TOUR?

- SCHOOL/COUNSELOR
- PARENTS
- FRIENDS

YOU ARE REQUIRED TO TURN IN
THIS APPLICATION WITH YOUR
ESSAY ATTACHED.