



**IV. FAMILY CONTACT INFORMATION**

<input type="checkbox"/> Father Dr./Mr./Ms.	<input type="checkbox"/> Mother First Name	<input type="checkbox"/> Guardian Last Name	<input type="checkbox"/> Father Dr./Mr./Ms.	<input type="checkbox"/> Mother First Name	<input type="checkbox"/> Guardian Last Name
Street Address			Street Address		
City	State	Zip	City	State	Zip
Home Telephone	Work Telephone	Email	Home Telephone	Work Telephone	Email
Highest level of Education Achieved	<input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Graduate Degree		Highest level of Education Achieved	<input type="checkbox"/> High School Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Graduate Degree	
Colleges Attended:			Colleges Attended:		

**V. Family Income**

Are you eligible for free/reduced lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your family income less than \$50,000/year	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**VI. SHORT ESSAYS (Please answer in complete sentences.)**

**Please answer the following question: Why do you want to attend C.O.R.E?**

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**How did you learn about the SEED C.O.R. E Program? (Please check all that apply.)**

<input type="checkbox"/> Guidance Counselor/School Administrator	<input type="checkbox"/> Parent/Guardian
<input type="checkbox"/> Teacher	<input type="checkbox"/> Web Site (Please specify.)
<input type="checkbox"/> Friend or Relative (Please specify.)	<input type="checkbox"/> Other (Please specify.)

**VII. AGREEMENT**

I understand that SEED C.O.R.E is a two-week program for Boston and Cambridge public high school students. If accepted, I intend to participate during the stated period of August 10-21, 2009. Also, I understand that, except in the case of illness, my attendance at C.O.R.E is mandatory.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your complete application (see the checklist on p.1) to:

**SEED C.O.R.E Program  
 Attn: Admissions – Julian S. Green  
 77 Massachusetts Avenue, 1-123  
 Cambridge, MA 02139-4307**

**Note:** Applications received by **Monday, July 20, 2009** will receive priority.