



Flourish Mentoring Program
P.O. Box 213
Marion, SC 29571
www.flourishmp.org

Instructions: Please complete this form in its entirety. PLEASE PRINT CLEARLY and FILL IN ALL Boxes. Use ONE registration form PER PERSON. If you are not completing this form on site, *email the completed form to foreverflourishing15@gmail.com or mail to the address above.*

Applicant Contact Information

Full Name: _____

Age: _____ Date of Birth: ____/____/____ Grade: _____

Ethnicity:

___ African American/Black ___ Caucasian/ White ___ Native American
___ Asian ___ Latino/Hispanic ___ Other

Mailing Address: _____

City, State Zip Code: _____

Applicant's Cell Phone Number: _____

Applicant's Email Address: _____

T-Shirt Size(Please circle): **S M L XL XXL**

Parent/Guardian Contact Information

Full Name: _____

Phone Number: _____

Email Address: _____



Please answer the following questions about the applicant. Please know that all of the information below in completely confidential.

1. What is your favorite subject? _____

2. Do you currently participate in any extracurricular activities (clubs, sports, organization, band)? _____

3. What are your hobbies?

4. Do you have any college or career goals? If yes, what are they?

5. What do you hope to gain from being apart of this program?

6. Do you currently qualify for free or reduced lunch? Yes No

7. How many people in your IMMEDIATE family have graduated from college? (Please circle) **0 1 2 3 4 or more**

8. If more than 0, who were those people?(Please circle)
Grandparents Mom Dad Siblings Aunt Uncle



Parental Consent

I, _____, give my consent for my child _____ to participate in Flourish Mentoring Program, Incorporated. I will also give consent for my child to participate in all Flourish Mentoring Program Incorporated activities; including all organized activities and transportation. In consideration of the advantages of participation in the Flourish Mentoring Program, the undersigned agrees that the mentors, its agents, and its employees shall be released and exempt from any liability for damages for bodily injuries or property damages that may occur as a result of participation in the Flourish Mentoring Program. I also grant Flourish Mentoring Program full permission to photograph and videotape my child in connect to this program to be used in media and marketing outlets.

Signature

Date

Will you be able to help with transportation of your child to meet for monthly meetings?

Yes No

On a scale of 1 to 5 (1 being the least and 5 being the most) how involved will you be in this program?

UNINVOLVED 1 2 3 4 5 VERY INVOLVED

Please write here why you think your child would benefit from the program and list anything of interest, i.e. special needs or concerns:

Please direct all questions to foreverflourishing15@gmail.com.

For Official Use Only:

First Meeting Attended: _____ Mentee ID: _____

Attendance Chart									
Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.

Mentor Placement: _____

Official Signature: _____



School Consent Form

I, _____, the parent/guardian of
_____, hereby give Marion County School permission to
release all copies of my child's report cards and interim reports to Flourish Mentoring Program,
Inc. I also authorize that executives of Flourish Mentoring Program, Inc have my consent to visit
my child's school and discuss academic and behavioral matters pertaining to my child.

Signature

Date