

P.O Box 590274 - Ft. Lauderdale, FL 33359

COLLEGE PREPARDNESS APPLICATION

Full Name of Applicant	
First Preferred Name	Middle Last Student Id #:
Home Address	
County	Date of Birth
Age E	Ethnic Origin
Application for Grade	Beginning Month Year
Applicant's Present School	Years attended
Name of principal/Head of School_	Current Grade
Counselor's Name	
Other schools attended by applicant:	rdation Ind De is
Name of School Address of School	Grade Level(s) Dates Attended
Please indicate how you first learned about Jewels Foundati	on
Please use space if you wish to share additional information	
Signature of Parent/Guardian	Date

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