

Application for consideration into SALT



PLEASE TYPE OR PRINT NEATLY

DUE _____

NAME _____ DATE _____
(first) (last)

BIRTHDATE ____/____/____ CURRENT YEAR IN SCHOOL ____
(m / d / y)

ADDRESS _____

CITY _____ STATE _____

ZIP _____ PHONE # _____

E-MAIL _____

CELL # _____ Facebook? ___ Y ___ N

SCHOOL _____

EMPLOYER _____

Suggestion of who you would like to be your adult mentor: _____
MUST BE SOMEONE FROM HOME CHURCH

PLEASE USE THE BACK OF THE APPLICATION OR ADDITIONAL PAPER IF NECESSARY.

Please list all expected extracurricular involvement for the next school year and if you think they will interfere with your participation in the SALT Program:

In a sentence or two, why do you want to be considered for the SALT program?

What do you see as being your top three character/personality strengths and top three weaknesses?

In your words, define a "student leader".