

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:

What did you learn from being involved in the SALT³ program that was beneficial to you (be specific)?

What advice would you give someone entering the SALT¹ program?

What personal goals do you have for yourself coming into the SALT⁴ program?