

Mu Zeta Lambda Education Foundation, Inc.

OPTS Application 2016 -2017

Applicant Name _____
Last First MI

Address: _____

Email address: _____

Phone: (Cell) _____ (Home) _____

DOB: ____/____/____ Age: ____ Gender: M ___ F ___ Race: _____

School Attending: _____

Career Goals: 1st _____ 2nd _____

Current Grade: _____ Grade Point Average (GPA): _____

Answer the following questions:

- Current transportation issues after school Yes No
- Currently employed Yes No
- Have you ever been employed Yes No
- Have you ever been arrested Yes No
- Are you participating in sports Yes No
 - If yes, what? _____
- Speak other languages Yes No
 - If yes, list all: _____

Parent(s) or Legal Guardian Name: _____

Contact No. (h) _____ (c) _____ (w) _____

Email address: _____

Parent(s) or Legal Guardian Name: _____

Contact No. (h) _____ (c) _____ (w) _____

Email address: _____

Student Signature

Date

Parent Signature

Date