



# Greater Columbia Area Chapter

P.O. Box 23687 – Columbia, SC 29224 (803) 414-2461

## *Application 2010 High School Computer Training and Mentoring Program*

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip

Parent or Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Home Room Teacher: \_\_\_\_\_

Do you have a computer at home: Yes \_\_\_\_\_ No \_\_\_\_\_  
Is there a computer club at your school: Yes \_\_\_\_\_ No \_\_\_\_\_

List math courses taken since grade 7.

List computer courses taken at school.

List math courses taken since grade 7.	List computer courses taken at school.

### BRIEFLY STATE YOUR CAREER OBJECTIVES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PERMISSION:

I, \_\_\_\_\_ give my child \_\_\_\_\_  
Name of Parent or Guardian Name of Participant

permission to participate in the BDPA High School Computer Training and Mentoring Program. I understand that BDPA will not be responsible for any property damage caused by the participant.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### IN CASE OF EMERGENCY CONTACT:

\_\_\_\_\_  
Name Telephone Number