



Professional Opportunities Program for Students, Inc.

925 W. Central Blvd. ORLANDO, FLORIDA 32805
Office: 407-843-1202 Fax: 407 843-1206 www.popsinc.org

P.O.P.S. APPLICATION

Student's Name _____
Last First Middle (Complete)

School Name _____ Grade Level_(10)_(11)_(12)_____ Age _____
Please circle one

Career Interest _____
1st 2nd

Email Address _____ D.O.B: _____ Gender: M F

Home Address _____
Number and Street Apartment #

City: _____ State: _____ Zip: _____

Permanent Home Phone () _____ Cell Phone () _____
Area code Area code

Citizenship US Citizen
 Dual US citizen; please specify other country of citizenship _____
 US permanent resident visa; Citizen of _____ Alien registration # _____

Language(s) spoken at home _____

Please check all that apply:

- African American/Black
- Hispanic/Latino
- White/Caucasian
- Asian
- Other (Specify _____)

(Legal) Parent(s) or Guardian Name 1. _____

Contact numbers: Home _____ Work _____ Cell _____

(Legal) Parent(s) or Guardian Name 2. _____

Contact numbers: Home _____ Work _____ Cell _____

Does the student have transportation for summer internship/events? ____yes ____no

How many people live in your household? _____

What is your family's income range?

0-\$20,000_____ \$ 20,001-\$35,000_____ \$35,001-\$45,000_____ \$45,001-Above_____

Has this student ever been arrested? ____yes ____no.

If yes, was the student charged with a felony? ____yes ____no

STUDENT MUST ATTACH A ONE PAGE ESSAY ENTITLED:

- Why I should be selected to participate in the P.O.P.S. Program?
- What do I expect to gain from this experience?
- How will I apply what I gain from this program to my life?

**I understand that my child's involvement in the P.O.P.S. program may require a background check and drug testing and give my permission for the P.O.P.S. program to obtain this information. I also understand that my child may be photographed or videotaped for P.O.P.S. related events and give my permission to use these images or likeness for P.O.P.S collateral and or media distribution.

_____	_____
Student Signature	Date

_____	_____
(If under 18) Parent Signature	Date

All applications must be returned to POPS office at 925 W. Central Blvd., Suite B during normal business hours.

Orange County	POPS, Inc. 925 W. Central Blvd. Orlando, Florida 32805
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Applications are accepted on an on-going basis. All requested items must accompany the application or it will be considered incomplete.

Interviewed by : _____ Date: _____ Time: _____

Incomplete applications will not be accepted.