



R2L NEXTGEN

Parent/Guardian Information and Permission Form

All individuals are welcome to apply. However, preference is given to individuals with financial need.

Students: Please have your parent or guardian complete this form. Once signed and completed, upload to the application website along with your resume and transcript.

Parents: Please answer the following questions and sign below.

1. What is your family's total annual income?

- | | |
|---|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$80,000–\$99,999 |
| <input type="checkbox"/> \$10,000–\$29,999 | <input type="checkbox"/> Above \$100,000 |
| <input type="checkbox"/> \$30,000–\$44,999 | |
| <input type="checkbox"/> \$45,000–\$64,999 | |
| <input type="checkbox"/> \$65,000–\$79,999 | |

2. What was the total size of your household in 2016? Please include:

- you and your spouse/partner
- the student applying to the program,
- any other children who live with you or who you support
- any additional family members who are dependent on you for support

Total number of people in household: _____

3. In 2016 or 2017, did you or any of your dependents receive benefits from any of these programs? (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) |
| <input type="checkbox"/> Free or Reduced Price School Lunch | |

4. What is the highest Level of Education of:

Mother

- | | |
|--|---|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> High School | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Some College | Location of Education (State/Country):
_____ |
| <input type="checkbox"/> College Graduate | |

Father

- | | |
|--|---|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Graduate School |
| <input type="checkbox"/> High School | <input type="checkbox"/> PhD |
| <input type="checkbox"/> Some College | Location of Education (State/Country):
_____ |
| <input type="checkbox"/> College Graduate | |

I, _____, as the parent/legal guardian of _____.

(Parent/Legal Guardian Name)

(Applicant Name)

give permission for my son/daughter to apply to the CHCI R2L NextGen program. If selected, they will travel to Washington, D.C., from July 23-28, 2017. Airfare, meals, hotel, and all activities are covered by CHCI and their sponsors.

My signature affirms that I support my son/daughter in this endeavor and hereby give permission for their participation.

(Parent/Legal Guardian Name)

(Parent/Legal Guardian Signature)

(Date)

Students: Please scan and upload this completed form to your application at apply.chci.org. If you are unable to scan documents at your school, you may fax a copy to: 202-548.8799, Attn: Karla Acevedo.