



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.

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

What was the total size of your household in 2017? 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: _____

In 2017 or 2018, 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 | |

What is the highest Level of Education of:

Mother/Guardian

- | | |
|--|--|
| <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 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> College Graduate | |

Father/Guardian

- | | |
|--|--|
| <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 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> College Graduate | |

Country where highest level of education was completed:

Country where highest level of education was completed:

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 either June 24-29 or July 15-20, 2018. Dates are based on application location and availability. Please see website for location dates. 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: Eleazar Gutierrez