



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.

What is your family's total annual income?

- | | |
|---|--|
| <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 July 15-20, 2018. 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