



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?

- Income ranges: Less than \$10,000, \$10,000-\$29,999, \$30,000-\$44,999, \$45,000-\$64,999, \$65,000-\$79,999, \$80,000-\$99,999, Above \$100,000

What was the total size of your household in 2019? Please include:

- Household members: 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 2018 or 2019 did you or any of your dependents receive benefits from any of these programs? (check all that apply):

- Benefits: Supplemental Security Income, Supplemental Nutrition Assistance Program (SNAP), Free or Reduced Price School Lunch, Temporary Assistance for Needy Families (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

What is the highest Level of Education of:

Mother/Guardian

- Mother/Guardian education: Less than High School, High School, Some College, College Graduate, Graduate School, PhD, Unknown

Father/Guardian

- Father/Guardian education: Less than High School, High School, Some College, College Graduate, Graduate School, PhD, Unknown

Country where highest level of education was completed: \_\_\_\_\_

Country where highest level of education was completed: \_\_\_\_\_

I, \_\_\_\_\_, as the parent/legal guardian of \_\_\_\_\_

give permission for my son/daughter to apply to the CHCI R2L NextGen program. If selected, they will travel to Washington, D.C., from June 23-28 or July 14-19, 2019. 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: 240-229-6943 Attn: Eleazar Gutierrez