



## 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 2020? 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 2019 or 2020 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 June 14-19 or July 19-24, 2020. 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](http://apply.chci.org). If you are unable to scan documents at your school, you may fax a copy to: 240-229-6943 Attn: R2L NextGen