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?

- □ 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 2022? 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 2021 or 2022 did you or any of your dependents receive benefits from any of these programs? (check all that apply):

- □ 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**

- □ Less than High School
- □ High School
- □ Some College
- □ College Graduate
- □ Graduate School
- □ PhD
- □ Unknown

Country where highest level of education was completed: ____________________________

**Father/Guardian**

- □ Less than High School
- □ High School
- □ Some College
- □ College Graduate
- □ Graduate School
- □ PhD
- □ Unknown

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 11-16, July 9-14, or July 23-28, 2023. 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, please email us at programs@chci.org