



Smithsonian
Affiliate Membership



L.A.D.D.E.R.S. Afterschool Program STUDENT APPLICATION

(Please Print Black or Blue Ink or Type)

GENERAL INFORMATION					
Last name:		First:		Middle:	
School Attending:	School Address:	Grade:	Birth date: / /	Age:	Grade Point Average:
Home Street address:		Email Address:		Home phone ()	
P.O. box: (if applicable)		City:	State:	ZIP Code:	
Ethnicity: please circle the appropriate category. And, write in specific ethnic group(s), i.e. Vietnamese, Mexican, Korean, Samoan, etc. if needed.					
African American/Black	Asian	Latino/Hispanic	Native American/American Indian	Native Hawaiian/Pacific Islander	White/Anglo
Specific Ethnicity [if applicable]: _____					

Please give us a brief biographical description of who you are, your interests, favorite things to do, study, etc.

Office Use			
Date form received in WM:	Person receiving form:	Application Complete: Yes / No	Applicant acceptance letter sent on:

The above information is true to the best of my knowledge.

***This signature gives The Women's Museum the right to use participant images for Marketing purposes.**

Signature of parent/guardian: _____ Date: _____