

# ESD P.E.A.R.L.S MENTORING MEMBERSHIP APPLICATION



## APPLICANT (MENTEE) INFORMATION

Name:

Date of birth:

Phone/Cell:

Driver's License#/State:

Current address:

City:

State:

ZIP Code:

E-Mail Address:

Preferred Method of Contact:

**PEARLS Annual Enrollment Fee: \$225**

## SCHOOL INFORMATION

Current school:

School address:

Grade in School:

Phone:

City:

State:

School District:

ZIP Code:

List activities involved in at school:

GPA:

Favorite Subject:

2<sup>nd</sup> Favorite Subject:

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## P.E.A.R.L.S LEVEL OF INTEREST (RANK 1-8 - #1 HIGH INTEREST – 8 LOW INTEREST)

Leadership Institute: \_\_\_\_\_ PEARLS in Tech: \_\_\_\_\_ PEARLS in History/Art: \_\_\_\_\_ PEARLS in Community Development: \_\_\_\_\_  
PEARLS Ambassador Leaders: \_\_\_\_\_

PEARLS in Business: \_\_\_\_\_

PEARLS in Architecture: \_\_\_\_\_

PEARLS Science Research Group: \_\_\_\_\_

## WHY PEARLS MENTORING PROGRAM

Please describe why you want to be a part of the PEARLS Mentoring Program?

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# PEARLS

## MENTORING PROGRAM


### REFERENCES

Name	Address	Phone/Email

### RECOMMEND FRIENDS TO THE PEARLS MENTORING EXPERIENCE

Name/email	Name/email
Name/email	Name/email
Name/email	Name/email

### SIGNATURES

I acknowledge the PEARLS Mentoring Program is designed to have monthly activities that run at least once a month during the periods of September – May each year. I understand that to continue in the program an annual fee must be paid prior to the start of the September session, (or I may be invoiced monthly \$22.50 as directed), some activities may require additional registration fees to participate (tours, overnight retreats, special events). My participation in this program also includes a community service component in which I will participate. My (Mentee) initials \_\_\_\_\_.

I acknowledge that my daughter is under the age of 18 years old and as the parent, I am signing for her to participate in this 9- month program. I understand this program involves participation at least once a month for mentoring coaching meetings, and other activities are scheduled through the program, including webinars and teleconferences to keep my child engaged in various disciplines of the program (i.e. Business, Health, Tech).

Signature of mentee:	Date:
Printed Name:	Initials:
Signature of parent:	Date:
Printed Name of Parent:	Initials:
Who were you referred by:	<b>Checks Payable to Early Start Development</b>

Mail/email Membership Fee and Application to: Early Start Development Inc.,  
 7601 FM 1960 Rd, East #113; Humble, TX 77346  
 (For an invoice request send to: [earlystartdev@gmail.com](mailto:earlystartdev@gmail.com))

