



Single Mothers Of Culture 2010 Empowerment tour  
Registration form

Please complete form, print and fax to 773-423-0281. You will get an email confirmation with time, date and location of parental information meeting. At that time a \$15.00 application fee is due. For additional information or questions please email [info@singlemothersofculture.org](mailto:info@singlemothersofculture.org)

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ (Male/Female)  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_  
Year in school: \_\_\_\_\_ School attending: \_\_\_\_\_

**Student's ethnic background (circle)**

Caucasian, African American, Asian, Hispanic/Latino, Native American, Other

**Parent / Guardian Contact Information (Please provide if registrant is under 18)**

Name(s): \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_  
Is this the Primary Emergency Contact?  Yes  No  
Student Lives with:  both parents  mother  father  other \_\_\_\_\_  
Number of people in your household, including the student: \_\_\_\_\_

**Emergency Contact**

Contact Person (in addition to parents): \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Medical conditions, food allergies, other limitations: (specify) \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_

The following information is needed for statistical data related to Single Mothers Of Culture programs. Completion of this section is optional; however, your assistance is greatly appreciated.  
Are you currently receiving public assistance?  Yes  No  
If yes, list types (TANF, SSI, etc): \_\_\_\_\_

Are you involved in any school or community activities?

What are your hobbies or interest?

I do understand to be considered for this sponsorship opportunity there are certain guidelines to be met towards eligibility.

1. Must attend and actively participate in SMOC activities.
2. Must complete a 2-3 page essay
3. Must turn in 3 letters of recommendations ( one from your parent)

\_\_\_\_\_  
signature

