



Student Application

To the Applicant: Thank you for choosing to apply to Take Off and Grow. Please fill out all fields on this form as completely and as accurately as possible, then mail it to Take Off and Grow (address at bottom). For your convenience, an online version of this application is available at apply.takeoffandgrow.org.

Name and Address

Legal Name: _____
First Middle Initial Last

Address: _____
Street City State ZIP Code

Home Phone: _____ Cell Phone: _____

Health Information

Sex: Male
 Female

Hair Color: Brown
 Blond
 Red
 Black

Eye Color: Brown
 Blue
 Green
 Hazel

Date of Birth: _____
mm/dd/yy

Height: _____
Feet Inches

Weight: _____
Pounds

Hearing Aids: No
 Yes

Visual Aids: None
 Glasses
 Contacts

Guardian 1 Information

Legal Name: _____
First Last

Address: _____
Street

City State ZIP

E-mail Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Guardian 2 Information

Legal Name: _____
First Last

Address: _____
Street

City State ZIP

E-mail Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____



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School and Personal Information

What school do you attend? _____

In what year will you finish high school? _____

*If you answer "Yes" to either of the starred questions at right, please explain:

How many years of high school have you completed? 0
 1
 2
 3
 4

Are you related to any board member of TOAG? No
 Yes

Do you smoke? No
 Yes

*Do you drink alcoholic beverages? No
 Yes

*Have you ever been involved with illegal drugs? No
 Yes



Short Answer Essay Questions

In this section, you will be asked to complete a series of short essays. Please be as accurate and detailed as possible in your responses. Your essays do not necessarily need to be long, but they must completely cover the question that has been asked.

Question 1: What are your school interests and activities?

Question 2: What are your hobbies and accomplishments (art, music, sports, and so on)? Elaborate on your interests.



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Question 3: Why do you want to participate in the TOAG program?

Question 4: What kinds of community service volunteer activities would you like to do?



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Question 5: Do your parents or guardian support your participation in TOAG? Have you discussed it with them?

Question 6: What do you feel are your strongest characteristics?



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Question 7: What do you feel are your weakest characteristics?

Question 8: Do you have a job after school? What do you do with the money you make? Could you get by with less spending money?



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Question 9: How would your job affect your participation in TOAG?

Question 10: Can you reduce your hours or quit in order to participate in TOAG?



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Question 11: Describe a typical non-school day in your life - what do you do what you have free time?

Question 12: Describe what you do at your school. How many subjects do you take? What are they? What is your daily schedule during your school year?



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Question 13: Which subjects and/or teachers have been most important to you? Why?

Question 14: Do you read? Describe what you have read recently and what kinds of things you enjoy reading most.



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Question 15: What are the biggest problems confronting teenagers today?

Thank you for choosing to apply to Take Off and Grow. By signing below, you certify that you have completed this application completely and accurately to the best of your ability.

Additionally, since all community service work requests and aviation training requests are processed online, **it is extremely important that you provide your e-mail address** so that you can log in to the Take Off and Grow website. Please write your current e-mail address clearly and legibly below.

Signed: _____ Date: _____

E-mail: _____

If you would like all TOAG-related e-mail addressed to you to be CC'd to another address, such as your guardian's, write that address on the line below. If not, leave this space blank.

CC E-mail To: _____