

**LEEP APPLICATION**  
**(Please Print or type)**

NAME OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

HOME TELEPHONE \_\_\_\_\_

HOMEROOM AND ROOM NUMBER \_\_\_\_\_

HOMEROOM TEACHER \_\_\_\_\_

TEACHER SPONSOR \_\_\_\_\_

COMMUNITY SPONSOR \_\_\_\_\_

NAME OF BUSINESS OR AGENCY \_\_\_\_\_

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(Street Address) (City) (State) (Zip Code)

BUSINESS TELEPHONE \_\_\_\_\_

\*HOURS OF ATTENDANCE: FROM \_\_\_\_\_ TO \_\_\_\_\_

\*INDICATE EXACT HOURS. WORK TIME MUST BE AT LEAST 5 HOURS A DAY (NOT INCLUDING LUNCH) throughout the LEEP experience.