



BEYOND OUR HORIZON Program Application

Please print in ink or type.

General Information

First Name:	Middle Name:	Last Name:
Address:		Email:
City:	State:	Zip:
Primary Telephone: ()		Secondary Telephone: ()
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age:	Date of Birth:

Education

School Attending:	
Grade:	Graduation Year:

Statistical Information *(for information purposes only)*

(To be used for purposes of statistical analysis only. It is not used in the admissions process. Providing this information is voluntary.)

Ethnicity: Please check the box that corresponds with your ethnic group(s), i.e. Vietnamese, Mexican, Korean, Pilipino, Samoan, Salvadoran etc.

<input type="checkbox"/> African American	<input type="checkbox"/> White/Anglo	<input type="checkbox"/> Native American/Am. Indian Native	<input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Asian American	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> other (please specify): _____	

Smile!

Attach a recent, good-quality color photo of yourself (head and shoulders).

Original photos or color copies must accompany the application.

Size: 2 x 2 in. (5 x 6.5 cm)



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FAMILY INFORMATION		
	Mother	Father
Name:		
Parent(s) Occupation:		
Level of Education of Parent: (Please circle appropriate number.)	Grade School: 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 Bachelor's Degree Graduate School: Master's Doctorate's Degree Other:	Grade School: 2 3 4 5 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 Bachelor's Degree Graduate School: Master's Doctorate's Degree Other:
Primary Language(s) spoken at home:		
Annual Family Income:	<input type="checkbox"/> <\$1,800 <input type="checkbox"/> \$3,001-\$6,000 <input type="checkbox"/> \$12,001-\$18,000 <input type="checkbox"/> \$24,001-\$40,000 <input type="checkbox"/> \$1,800-\$3,000 <input type="checkbox"/> \$6,001-\$12,000 <input type="checkbox"/> \$18,001-\$24,000 <input type="checkbox"/> >\$40,001	

**Please be advised, all information is kept confidential.*



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Documents Needed for Proof of Citizenship and Identity

Please include proof of your citizenship and identity when you send in your application.

All documents must be either originals or copies certified by the issuing agencies. Copies or notarized copies may not be accepted.

Primary Documents. These documents establish **citizenship** and **identity**:

- A United States passport, or
- A Certificate of Naturalization (DHS Form N-550 or N-570), or
- A Certificate of Citizenship (DHS Form N-560 or Form N-561).

OR: One item from the Citizenship Charts 2, 3, or 4 is needed to prove citizenship **and** One item from the Identity Chart is needed to prove identity.

Citizenship, Secondary Documents. These documents establish **citizenship** only:

- A Certified United States birth certificate (contact your local county health department),
- A Certification of Report of Birth (Form DS-1350), Consular Report of Birth Abroad (Form FS-240), or Certification of Birth Abroad (Form FS-545),
- A United States Citizen Identification Card (Form I-179 or Form I-197),
- An American Indian Card with a classification code "KIC" (Form I-872),
- A Northern Mariana Identification Card (Form I-873),
- A Final Adoption Decree with the child's name and United States place of birth,
- Evidence of civil service employment by the United States Government (before June 1, 1976),
- Official United States Military record of service showing a United States place of birth (example, Form DD-214).

If you are unable to furnish an item from Chart 2, then you must furnish an item from Chart 3.

Citizenship, Third Level of Documents. These documents establish **citizenship** only:

- Extract of hospital record on hospital letterhead established at the time of the person's birth and was created at least 5 years before the initial application date and indicates a U.S. place of birth,
- Life or health or other insurance record showing a U.S. place of birth and was created at least 5 years before the initial application date.

If you are unable to furnish an item from Chart 3, then you must furnish an item from Chart 4.



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Citizenship, Fourth Level Documents. These documents establish **citizenship** only:

- Federal or State census record showing U.S. citizenship or a U.S. place of birth (generally for persons born 1900 through 1950),
- Other document (as listed below):
Document must be one of the following and show a U.S. place of birth:
 - Seneca Indian tribal census record,
 - Bureau of Indian Affairs tribal census records of the Navaho Indians,
 - U.S. State Vital Statistics official notification of birth registration,
 - An amended or delayed U.S. public birth record that is amended more than 5 years after the person's birth,
 - Statement signed by the physician or midwife who was in attendance at the time of birth,
 - Institutional admission papers from a nursing home, skilled nursing care facility or other institution and was created at least 5 years before the initial application date and indicates a U.S. place of birth,
 - Medical (clinic, doctor, or hospital) record and was created at least 5 years before the initial application date and indicates a U.S. place of birth,
 - Written Affidavit (Affidavit should **ONLY** be used in rare circumstances. An affidavit by at least two individuals of whom one is not related to the applicant/recipient and who have personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship. A second affidavit from the applicant/recipient or other knowledgeable individual explaining why documentary evidence does not exist or cannot be readily obtained must also be requested.

And One item from the Identity section is needed to prove **identity**.

Identity

These documents establish **identity** only:

- A state-issued driver's license (within the United States) with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color,
- An identification card issued by the Federal, State, or Local government (within the United States) with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight or eye color,
- A United States Military card, Draft record or Military dependent's identification card,
- A school identification card with a photograph of the child,
- A United States Coast Guard Merchant Mariner card,
- A Native American Tribal document or Certificate of Degree of Indian blood or other United States American Indian/Alaskan Native tribal document (must have photograph or identifying information).

For children under age 16, if none of the above documents in the preceding lists are available, the following may be used:

- School, daycare or nursery school record,

If none of the above documents are available, you may use an affidavit:

- An affidavit (on Form 234C) signed under penalty of perjury by a parent or guardian attesting to the child's identity.



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Program Participant Letter

Please answer the following questions on an additional sheet of paper.

Write a letter introducing yourself. Keep in mind that this will be our first impression of you. Incorporate your answers to the following questions, providing as much detail as possible.

1. We would like to know more about YOU. Please briefly describe yourself (interests, talents, hobbies, skills, activities, and personal goals and mission), any activities you have participated in, and anything interesting about you that you like to share. What do you for fun?
 2. Who is the most important person(s) in your life?
 3. How did you find out about our program?
 4. What do you hope to gain or achieve from our program?
 5. Where do you see yourself in the future?
 6. What do you like to do when you have free time?
 7. How would you describe your neighborhood?
 8. What things do you dislike? (*Do you dislike certain foods, animals, treatment by other people, etc.?*)
-

Signature:

If accepted, I agree to fully participate and commit to the Beyond Our Horizon (BOH) Foundation Program and activities.

Signature of Applicant (in ink) _____ Date: _____

Internal Office Use Only

Date Received: _____

Received by: _____

Status:

Approved

Denied



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Parent/Guardian Consent Form

Student Name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ CA Zip: _____

Daytime Telephone: _____ Cell Phone: _____

I, the parent or guardian of the above-named child, hereby registers him/her for participation in the Beyond Our Horizon Foundation Program and fully agree to the rules and regulations of the Beyond Our Horizon Foundation and do hereby release BOH and its directors, representatives, and volunteers from any liability. I, the parent or guardian, releases BOH from all responsibilities from injuries of any nature incurred while participating in the Beyond Our Horizon Foundation Program and activities. I understand that medical insurance is my responsibility.

Emergency Medical Treatment

In the event _____ (child's name) becomes ill or sustains an injury while in the care of or under the supervision of the BOH Program coordinators and volunteers or other BOH representatives, they are given permission to administer first aid for his/her relief. In case of emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Family Doctor: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies (if any): _____

Name(s) of any medication currently taken: _____

In case parent/guardian cannot be reached in an emergency, please contact:

Name: _____

Relationship: _____ Phone Number: _____



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Parent's Letter

Write a letter or statement incorporating your answers to the following questions.

Specifications: Type your letter on a separate sheet(s) of paper, and include your child's name on each. Attach your letter to this page.

Maximum length: 2 pages.

1. How is your child's relationship with you and your family? With his/her friends?
2. How does your child react to disagreement, discipline and frustration?
3. How does your child handle challenging or difficult situations?
4. What amount of dependence do you give to your child? What is your child's level of maturity?
5. What makes you proud of your child?
6. Are there any other comments you would like to share with Beyond Our Horizon?

I HAVE READ, UNDERSTOOD, AND AGREED TO ALL OF THE ABOVE.

Name of parent/guardian (Please print.)

Date

Parent/Guardian's Signature



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Photograph Release Form

This agreement is made between the Beyond Our Horizon (BOH) Foundation and

please print participant/child's name above

I hereby grant permission for BOH to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless BOH from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

[Parent/Guardian's Signature]

[Name]

[Date]



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Checklist

- Complete Program Application (8 pages total)
- Submitted copy of birth certificate
- Program Participant Letter
- Parent/Guardian Consent/Emergency Medical Treatment Form
- Parent's Letter
- Photography Release

Please mail or drop off application to BOH. The original application with the required signatures and copies of proof of identity must be submitted.

BEYOND OUR HORIZON FOUNDATION

Attn: Jade Allen

P.O. Box 91141

Los Angeles, CA 90009

(424) 704-1509

www.beyondourhorizon.org