Teen Lift Application Packet

In order to participate in the 2022-2023 Teen Lift Program of the Greater Cleveland Alumnae Chapter Delta Sigma Theta Sorority, Inc. you are **required** to meet the following criteria:

1. Be a high school junior in good standing. Enrollment in high school must continue throughout the program.
2. Have a minimum **cumulative** grade point average of 2.5.
3. Submit the Teen Lift G.P.A. verification letter **with an unofficial transcript.**
4. Submit the Teen Lift application (please respond on a **separate** sheet of paper using a computer processing program utilizing Times New Roman font 12 point).
5. Submit **two** letters of recommendation.
6. One from your teacher, administrator or counselor AND
7. One from a community leader, minister, employer or a member of Delta Sigma Theta Sorority, Inc.
8. Submit a signed copy of the criteria sheet enclosed in this packet. The criteria sheet **MUST** be signed by the Teen Lift Applicant **AND** the parent and/or guardian.
9. Submit all the above forms (GPA Verification Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the complete Teen Lift Application) in **ONE** envelope.

Please note:

1. There will be a Virtual Information Session where important information about the program will be provided. It will be held on Sunday, April 24, 2022 from 2–4 p.m. via Zoom.
2. All applications will be reviewed for completeness and quality of answers.
3. Completion of the application does not guarantee acceptance in the Teen Lift Program.
4. The Teen Lift Committee reserves the right to select applicants.
5. Applicants will be notified and scheduled for an interview.

THE COMPLETED APPLICATION PACKET MUST BE RETURNED AND POSTMARKED BY May 20, 2022 TO:

TEEN LIFT PROGRAM

GREATER CLEVELAND ALUMNAE CHAPTER

DELTA SIGMA THETA SORORITY, INC.

P.O. Box 221368

Beachwood, Ohio 44122

Application packets postmarked **after May 20, 2022** and/or are incomplete will not be considered.

If you have any questions, please send an email to: teen.lift@dstcleveland.org

**IF YOUR APPLICATION IS ACCEPTED:**

**You and your parent/guardian will be required to participate in our Virtual Program Orientation held on June 12, 2022 from 2–5 p.m. The application fee must be submitted via PayPal on or before June 12th.**

**The overall program fee for 2022-2023 is $500. The background check is covered in the fee and must be obtained from Delta Sigma Theta’s vendor Infomart for background checks.**

**Cost of background checks for both mother/mother-figure and father/father-figure is $25.00 per person. Total cost $50.**

**Therefore, the total amount due is $450.**

**Link for the background check is below.**

[**https://dstmidwestregion.infomart-usa.net/app/index.php?aid=5802**](https://dstmidwestregion.infomart-usa.net/app/index.php?aid=5802)

**Verification of commencement of the background check application process must be submitted with your application.**

|  |  |  |
| --- | --- | --- |
| **Fees related to 2022-2023 Teen Lift Program** |  |  |
| **Total Cost** | **$500** |  |
| **Background Check for Parents** | **$50** | **Background check completion or verification of submission of background should be included in packet which is due by May 20, 2022.** |
| **Total Due** | **$450** | **June 12, 2022 via PayPal** |

**All payments will need to be made via PayPal**

**GREATER CLEVELAND ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC**

**APPLICATION FOR TEEN LIFT PROGRAM**

Please complete the following information on a **SEPARATE** sheet of paper using a computer processing program utilizing Times New Roman font 12 point.

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_
Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your mother a member of Delta Sigma Theta Sorority, Inc? \_\_\_\_ yes \_\_\_\_ no

(\*Delta Mothers must be a financial member of the Sorority or a chapter for the year the debutante is presented)

Are you currently employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are your hours flexible? \_\_\_\_\_\_\_\_\_\_\_

If yes, where and what are your hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*All responses **MUST** be submitted on a separate sheet of paper and in paragraph form.

1. Why do you want to participate in the Teen Lift Program?

2. What are your expectations as a result of your participation in the Teen Lift Program?

3. Describe yourself using 25 words or less.

4. What are your interests or hobbies?

5. What extracurricular activities are you involved in (i.e. church, school, community)?

6. Have you held any leadership positions?

 If yes, please specify the organization (s), your position and your specific duties.

7. Sign and date your response in **cursive writing** using blue or black ink.

8. If you agree to the following Participation Pledge, please sign and date below in **cursive writing** using blue or black ink, the statement below:

***If selected as a Teen Lift Program participant, I will make every effort to attend and actively participate in all workshops and other activities planned by the Teen Lift Program Committee.***

Applicants for the Teen Lift Program must return the GPA Verification Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the Teen Lift Application in **ONE** envelope by the postmark deadline – May 20, 2022. Application packets postmarked after May 20, 2022 and/or are incomplete packets will not be considered.

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO: teen.lift@dstcleveland.org

**GREATER CLEVELAND ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC.**

**TEEN LIFT PROGRAM**

**RECOMMENDATION FROM AN ADMINISTRATOR, TEACHER, OR COUNSELOR**

Please include the following information in your recommendation letter.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information about Recommender***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain how you know the applicant and discuss her strengths and attributes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION LETTER MUST BE GIVEN TO THE APPLICANT IN A SEALED ENVELOPE.**

Applicants for the Teen Lift Program must return the GPA Verification Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the Teen Lift Application in **ONE** envelope by the postmark deadline – May 20, 2022. Application packets postmarked after May 20, 2022 and/or incomplete packets will not be considered.

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO: teen.lift@dstcleveland.org

**GREATER CLEVELAND ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC.**

**TEEN LIFT PROGRAM**

**RECOMMENDATION FROM A COMMUNITY LEADER, MINISTER, EMPLOYER, OR A MEMBER OF DELTA SIGMA THETA SORORITY**

 Please include the following information in your recommendation letter

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information about Recommender***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain how you know the applicant and discuss her strengths and attributes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Delta Member must be a financial member of the Sorority or a chapter.

**RECOMMENDATION LETTER MUST BE GIVEN TO THE APPLICANT IN A SEALED ENVELOPE.**

Applicants for the Teen Lift Program must return the GPA Verification Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the Teen Lift Application in **ONE** envelope by the postmark deadline – May 20, 2022. Application packets postmarked after May 20, 2022 and/or are incomplete packets will not be considered.

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO: teen.lift@dstcleveland.org

**GREATER CLEVELAND ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC.**

**TEEN LIFT PROGRAM**

**Verification of G.P.A. Letter**

**The applicant MUST have a minimum cumulative grade point average of 2.5**

**(GPA should be based on 9th grade through the first semester of 11th grade).**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_

 Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS SECTION IS TO BE COMPLETED

BY A SCHOOL COUNSELOR OR ADMINISTRATOR

I certify that the above-named student is in good standing with the school and has the required **cumulative** GPA of **2.5.** Please **do not** return if the student’s cumulative GPA is below a 2.5. **An unofficial transcript MUST BE ATTACHED.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has a **cumulative** grade point average of \_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Counselor’s/Administrator’s Signature

**\*\*G.P.A. VERIFICATION FORM AND AN UNOFFICIAL TRANSCRIPT MUST BE GIVEN TO THE APPLICANT TO BE ENCLOSED IN THEIR TEEN LIFT APPLICATION PACKET.**

Applicants for the Teen Lift Program must return the Verification of G.P. A. Letter with an unofficial transcript, two letters of recommendation, signed criteria sheet and the Teen Lift Application in **ONE** envelope by the postmark deadline – May 20, 2022. Application packets postmarked after May 20, 2022 and/or are incomplete packets will not be considered.

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO: teen.lift@dstcleveland.org

**GREATER CLEVELAND ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC.**

**TEEN LIFT PROGRAM**

**CRITERIA SHEET**

In order to be eligible to participate in the Delta Sigma Theta Sorority, Inc. Teen Lift Program, all young ladies MUST:

* Be unmarried during participation in the Teen Lift Program.
* Be a non-parent.
* Be in a non-expecting status during the Teen Lift Program.
* Complete the initial interview with parent/guardian and submit the participation fee via PayPal on or before June 12, 2022**.**
* **The $25.00 per person background check fee is the responsibility of the parents/guardian.**
* Attend and actively participate in all workshops and other activities planned by the Teen Lift Program Committee.
* Attend all scheduled rehearsals.
* Be enrolled as a junior in good standing at an accredited high school at the time of application and remain enrolled at an accredited high school as a senior in good standing throughout the program year.
* Maintain a 2.5 or better cumulative G.P.A.
* Mothers of Debutantes who are members of the sorority must be financial for the sorority year in which the Teen Lift Program is held.
* Sell a minimum of $1500.00 in advertisements for the souvenir book.
* Come to the first dress check with dress, shoes and underskirt (petticoat) October, 2022**.**
* Display a positive attitude toward all Teen Lift activities, participants, & committee members.
* Inappropriate behavior and/or unacceptable/disrespectful language towards any Teen Lift participant or committee member may be grounds for removal from the program.
* All youth participants conduct shall be governed by the rules and expectations determined by Delta Sigma Theta Sorority, Inc. All youth participants and his/her parent/guardian shall complete the program enrollment forms and all appropriate waivers, releases, parent/guardian authorizations, \*Code of Conduct for youth participants, photography and media/social media authorization, medical information and treatment authorization, virtual attendance agreement as well as other consent forms.
* Exercise discretion in all actions that could affect the reputation of yourself or the Sorority.
* Use SOUND JUDGMENT consistently when making decisions
* HAVE THE TIME TO PARTICIPATE \*\*\*\*\*\*\*\*\*\*
* It is the responsibility of the debutante and her family to secure the necessary participants:

 mother/mother-figure and father/father-figure.

* Parent / Guardian of debutante are required to complete Background check information

Unpaid financial obligations (which includes, fees, tickets, souvenir ads, and dress requirements) and failure to comply with the requirements stated above may forfeit your participation in the Teen Lift Program. Please review the guidelines carefully and be **certain** you want to be a participant in the Teen Lift Program.

**REFUND SCHEDULE**

Due to various costs associated with operating the Teen Lift Program, the following refund schedule will be followed.

* $225 if withdrawal by August 30th
* $150 if withdrawal by September 30th
* $100 if withdrawal by October 30th
* No refund after October 31st

\*NOTIFICATION OF WITHDRAWAL FROM THE TEEN LIFT PROGRAM MUST BE IN WRITING BY THE PARTICIPANT AND **MONEY** CANNOT BE REFUNDED after **October 31, 2022.**

**MONETARY AWARDS**

**The Teen Lift Program endeavors to support its participants through the distribution of monetary awards in accordance with our program guidelines, Chapter Scholarship Committee, and with the support of our community organizations and individual donors.**

The Teen Lift Committee will issue a Teen Lift Program award notification letter to awardees.

1. If a 12 month period passes, and the monetary award is not claimed by the recipient, the funds will revert to the restricted fund of the Chapter Teen Lift Program.
2. The Teen Lift Committee will send a letter by certified mail and return receipt to inform the recipient of the forfeiture of the award.
3. An award recipient may request a deferment of funds not to exceed a full academic year. The request must be made in the form of a letter to the Teen Lift Committee.

IF YOU HAVE ANY QUESTIONS, PLEASE SEND AN EMAIL TO: teen.lift@dstcleveland.org

**GREATER CLEVELAND ALUMNAE CHAPTER**

**DELTA SIGMA THETA SORORITY, INC.**

**TEEN LIFT PROGRAM**

**APPLICATION CHECKLIST**

|  |  |
| --- | --- |
| **Item** | **Completed** |
| 1. Your application for the Teen Lift Program is TYPED on a separate sheet of paper.
 |  |
| 1. You have included a copy of your Unofficial Transcripts.
 |  |
| 1. Your response to participation and activities questions are TYPED on a separate sheet of paper and include your signature and date.
 |  |
| 1. Your participation pledge is TYPED on a separate sheet of paper and includes your signature and date.
 |  |
| 1. One recommendation is from your teacher, a school administrator or your counselor is in a sealed and signed envelope.
 |  |
| 1. One recommendation is from a community leader, your minister or pastor, your employer or a member of Delta Sigma Theta Sorority, Inc. and is in a sealed and signed envelope.
 |  |
| 1. The Verification of GPA Letter is signed by your school counselor or a school administrator
 |  |
| 1. The Criteria Sheet is signed and dated by both you and your parent.
 |  |
| 1. Verification of commencement of background check submitted in packet.
 |  |
| 1. ALL OF THE ABOVE ITEMS ARE IN ONE SEALED ENVELOPE
 |  |
| 1. The remaining $450 balance of the participation fee after background check is due on June 12, 2022. The $450 will need to be submitted via PayPal.
 |  |

**THIS CHECKLIST IS FOR YOUR USE. IT DOES NOT NEED TO BE SUBMITTED WITH YOUR DOCUMENTS.**