



Gamma Zeta Boule Foundation
LAMP MENTOR PROGRAM APPLICATION

APPLICANT INFORMATION

Last Name, First Name

Date of Birth

Home Phone:

Applicant Cell Phone:

Current Address:

City:

State:

Zip Code:

Name of School:

Grade:

Student Email:

School Address:

City:

State:

Zip Code:

PARENT/GUARDIAN INFORMATION

Name of Parents or Guardians:

Relationship:

Work Phones:

Cell Phones:

Parents Email:

LIST EXTRACURRICULAR, AND/OR OFFICES YOU HAVE HELD

LIST ANY ACADEMIC HONORS AND/OR OTHER ACHIEVEMENTS

STUDENT: ON A SEPARATE SHEET OF PAPER AND IN 100 WORDS OR MORE, PLEASE TELL US WHY YOU WANT TO PARTICIPATE IN THE GZBF LAMP MENTOR PROGRAM

Signature of Parent/Guardian:

Date:

Email: lamp@gzbfoundation.org

P.O. Box 94833
Pasadena, CA 91109-4833

Website: gzbfoundation.org