

HAP APPLICATION

Date of application: _____

STUDENT INFORMATION

Name: _____ Current School: _____

Grade: _____ Age: _____ Birthdate: _____

Gender: _____ Pronouns: _____

Address: _____

City: _____ Zip: _____

Resident District: _____

Cell Number: _____ E-mail: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ Parent Email: _____

Phone: _____ Work/Cell: _____

APPLICATION QUESTIONS

Who referred you to HAP? _____

WHY ARE YOU APPLYING FOR HAP? _____

WHAT HAS KEPT YOU FROM BEING SUCCESSFUL AT SCHOOL?

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Name: _____

Thanks for completing the first portion of the application! You're almost ready for your interview with the HAP Coordinator.

Before your interview, you MUST complete these questions. Please bring this page to your interview.

A. WHAT HAS TO CHANGE IN ORDER FOR YOU TO BE MORE SUCCESSFUL IN SCHOOL?

B. HOW CAN THE HAP STAFF SUPPORT YOU IN BEING SUCCESSFUL?

C. WHAT ARE YOUR EDUCATIONAL PLANS AFTER YOU GRADUATE FROM HIGH SCHOOL?

D. WHAT CAN YOU CONTRIBUTE TO OUR HAP COMMUNITY?
