



**The Student Advocacy Group**  
 STUDENTS PORTAL TO HIGHER EDUCATION

**W.H.D. Foundation Student Poetry Application**

\*mandatory fields

|      |
|------|
| DATE |
|------|

Print application and send completed application with your payment to the WHD Foundation by Feb 23<sup>rd</sup> to receive discount

**Personal Information**

|                                                   |                                     |                          |                              |                                      |                  |
|---------------------------------------------------|-------------------------------------|--------------------------|------------------------------|--------------------------------------|------------------|
| Student Last Name:*                               |                                     |                          | First Name: *                |                                      |                  |
| Street Address:*                                  |                                     |                          |                              |                                      | Apartment/Unit#: |
| City:*                                            | State:                              | ZIP Code:                | Cell Phone:                  | Alternate Phone:                     |                  |
| Student Email:*                                   |                                     | Date of Birth(DOB):      |                              |                                      |                  |
| High School Name/Address:*                        |                                     |                          |                              |                                      | School Code:     |
| City, State, Zip Code:                            |                                     | Current Grade Level:*    | Expected Graduation Year*:   | College Choice:                      | College Major:   |
|                                                   |                                     | Current GPA:*            |                              |                                      |                  |
| PSAT* Overall Score:_____                         | SAT* Overall Score:_____            | ACT* Overall Score:_____ |                              | English Literature/Comp: AP: AP: AP: |                  |
| Writing and Language: Reading:_____               | Writing and Language: Reading:_____ | English/Writing:_____    |                              |                                      |                  |
| Parent/Guardian* Last Name:                       |                                     |                          | Parent/Guardian* First Name: |                                      |                  |
| Street Address:*(IF DIFFERENT FROM ABOVE ADDRESS) |                                     |                          |                              |                                      | Apartment/Unit#: |
| City:                                             | State:                              | ZIP Code:                | Cell Phone:*                 | Alternate Phone:                     |                  |
| Parent Email:                                     |                                     |                          |                              |                                      |                  |

**Tell Me About Yourself**

|                                                        |                                                                               |
|--------------------------------------------------------|-------------------------------------------------------------------------------|
| What are your interests?*                              |                                                                               |
| Which concerns do you have?*                           |                                                                               |
| Reading, Writing, Financial, etc.                      |                                                                               |
| Musical Instruments/Sports/Extra Curricular Activities |                                                                               |
| Volunteer/Social Activities*                           |                                                                               |
| Honors/Awards                                          |                                                                               |
| Where do you see yourself in 5 years?                  |                                                                               |
| What are your expectations of the Foundation?          | <b>Complete 2 Insight Question, 1 Scholarship Essay, 1 Personal Statement</b> |

**Course Instructors: Dominique and Danielle, Renowned award winning Spoken Word artists Me'Re Image – Walker Sisters Creators of Expression of Art**

Dear Parents: Your consent is required for your child to participate in a WHD Foundation Poetry Clinic and field trips. No student will be allowed to participate on any field trip without this signed permission slip.

**Poetry Clinic starts on March 7<sup>th</sup>; Corona Library** in the Teen area 5:00 pm

**Program**

10 sessions each Wednesday including March 7th  
**Clinic fee: \$175.00** (discount until February 23<sup>rd</sup>) **after \$200** includes: Poetry Notebook, 10 sessions, and field trips (transportation not included) Top 5 works will be performed at Me'Re Showcase

Send Completed applications with a check in the amount of \$175.00:

William H. Douglas Foundation,  
P.O. Box 78232, Corona Ca 92881

Discount of \$175 for entire clinic or \$25 per session if paid by February 23rd.  
After, the cost will be \$200 for Clinic or \$35 per session required at the beginning of session.  
Grants are available for students with compelling reasons under the discretion of the Foundation.

**In case of Emergency please contact:**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone Office

( ) \_\_\_\_\_  
Telephone Cell

( ) \_\_\_\_\_  
Telephone Home

\_\_\_\_\_ Email

As parent/legal guardian of \_\_\_\_\_

(Print Student's Name)

I grant permission for him/her to participate in the **Poetry Clinic and Field Trips**

I hereby grant permission for the WHD Foundation to provide emergency medical treatment, if required, and I accept liability for such treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Student Code of Conduct**

**1. Behavior:**

Any serious violation of the established rules of conduct discussed during the mandatory orientation, may result in the student being sent home immediately at the parents' expense. Follow all instructions by your Instructors. Each student participant is expected to conduct him or herself in a mature manner at all times and to be respectful to all adults at all times. Also, prior to the Clinic and/or subsequent field trips, the director and/or school personnel reserve the right to cancel reservations for students who have been subject to disciplinary action by the Foundation.

**2. Luggage:** N/A

Please keep luggage at a manageable weight. Luggage larger than a carry-on bag will result in extra fees assessed by the airlines.

**3. Money and other valuables** should never be left unattended.

**4. Medical Consent Form:**

Must be turned in no later than 10 days prior to departure of planned field trip.

**5. No smoking, drugs or alcohol will be allowed.**

Any student taking prescription medicine should notify the director. All medical problems should be brought to the director's attention as soon as possible.

**6. BE on TIME:**

Each student participant is expected to be at the designated areas on time throughout the Clinic. No refunds will be given for any missed sessions or field trips.

**We have read the above rules pertaining to the Poetry Clinic and field trips and I, we agree to abide by them:**

**I understand that I hold the WHD Foundation its officers, agents and employees harmless from any and all liability and claims, which may arise out of or in connection with my child's participation in this activity.**

\_\_\_\_\_ (Int.)

\_\_\_\_\_  
Parent or Guardian or Student (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student (if under 18 years of age)

\_\_\_\_\_  
Date



A non-profit 501(c)(3) organization