Peers on the Way to Everlasting Rediscovery (POWER)

Summer Teen Mentorship Program Application

Participant Name: _____Age: _____ Date of Birth:_____

Home/Cell Phone: _____/_____Email: _____

Address:_____City:_____Zip:_____

School:_____Grade:_____

Please make sure you review the program guidelines and are able to attend all the events on the POWER schedule *before* *submitting this application. The schedule is available at www.santa-clarita.com/power.*

Please complete the questions below: (*Additional explanation pages can be submitted with this application if needed.)*

1. **How would a role model help you be successful? In what areas do you need their support/help?**

2. **What obstacles or challenges have you faced or are you currently facing?** For example: school difficulties, low grades, missing school, family issues, at-risk behavior (prior use of drugs, gangs, trouble with the law), etc.

3. **Describe why you think you should be chosen to participate in the POWER program.**

4. **Please have a parent, guardian, teacher, academic counselor, or service provider explain why you should be chosen to participate in the POWER program.**

Relationship to Participant: _____ Name: _____Title: _____

If selected, I allow my child to participate in the POWER program. _____

Parent/Guardian Signature/Date

Scan and e-mail your application to xcamarena@santa-clarita.com or drop off application at:
City of Santa Clarita Newhall Community Center
22421 Market Street
Santa Clarita, CA 91321

For more information, call Xochitl Camarena, Human Services Coordinator, at (661) 286-4006.