



## META 2 GIRLS PROFILE FORM

### APPLICANT INFORMATION

Name:		
Date of birth:	Email address:	Phone:
Current address:		Cell:
City:	State:	ZIP Code:
Age:	Hobbies:	
Do you reside in Harris County (TX) <input type="checkbox"/> Yes <input type="checkbox"/> No If No, which County? _____		
School currently enrolled:		Grade Level:

### PARENT INFORMATION

Name:		
Date of birth:	SSN (optional)	Phone:
Current address:		
City:	State:	ZIP Code:
What best describes your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
What best describes your employment status? <input type="checkbox"/> Employed full time <input type="checkbox"/> Not employed, but looking for work <input type="checkbox"/> Not employed and not looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker		
Current employer:		
Employer address:		How long?
Which one of the following ranges includes your total yearly household income before taxes? <input type="checkbox"/> Under \$21,600 <input type="checkbox"/> \$29,100 <input type="checkbox"/> \$36,600 <input type="checkbox"/> \$44,050 <input type="checkbox"/> \$51,500 <input type="checkbox"/> \$59,000 <input type="checkbox"/> \$66,540 <input type="checkbox"/> \$74,000		
What best describes your level of education? <input type="checkbox"/> High school graduate or equivalent <input type="checkbox"/> Trade or Vocational degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate or professional degree		
Do you currently have children under the age of 18 living in your household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many children under the age of 18 live in your household? <input style="width: 50px; height: 20px;" type="text"/>		

### PROGRAM PARTICIPATION AGREEMENT

As a participant of the Meta 2 Teen Girls Program, I agree to be contacted at the interval indicated below.

Every month  Every 3 months  Every 6 months  Annually

Preferred method of contact:  Phone Call  Email  Personal Visit  Other \_\_\_\_\_

### DISCLAIMER AND SIGNATURE

I authorize the verification of the information provided on this form as to my income and employment and I certify that the information I have provided is true and complete to the best of my knowledge.

<b>Signature of applicant:</b>	Date:
<b>Signature of parent:</b>	Date:
<b>Signature of Metamorphosis Contact:</b>	Date: