

Canyon High School *DREAM* Program Application

STUDENT NAME: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

TELEPHONE: HOME () _____

EMAIL ADDRESS: _____

LAST SCHOOL OF ATTENDANCE: _____

CURRENT GRADE LEVEL: _____

TEACHER RECOMMENDATION:

TEACHER NAME: _____ Phone: _____

SUBJECT(S) TAUGHT: _____

TEACHER NAME: _____ Phone: _____

SUBJECT(S) TAUGHT: _____

Please provide a one page essay that describes your interest in the DREAM Program including your career goal. In addition, please offer an explanation as to why you would be an outstanding participant in this program.

I hereby apply for admission to the DREAM Program at Canyon High School. I certify that all of the information provided herein is, to the best of my knowledge, complete and accurate.

(student signature)

(date)

(parent/guardian signature)

(date)

Please return your completed form and documents to the Main office at Canyon High School