

VALLEY GUARDIANS EXECUTIVE LEADERSHIP PROGRAM

RESUBMISSION APPLICATION

Application Instructions: The sections in this form need to be filled out, if any information has changed from your previous year's submission. If not, select No below, then sign at the end. When complete, send form to Team@LeadAZ.org .				
Parent Name:				
Child Name:				
Has any information changed in your financial situation or household since last year? If so, please explain below (new household members, financial income, life changing events, etc.)			Yes ____	No ____
Total household monthly income:	\$ _____			
Are you receiving government nutrition assistance (SNAP) or free/reduced lunch?			Yes ____	No ____
Are you receiving government healthcare assistance? (AHCCCS)			Yes ____	No ____
Are you in any other programs or services for individuals in financial need? If yes, please list the programs below.			Yes ____	No ____

FINAL SIGNATURE

I swear under penalty of perjury that the statements and documents provided about myself and persons in my home including information about school GPA, household financial information and the child applicant information are true and correct to the best of my knowledge, and that I have not withheld information.

I, the undersigned parent, guardian, or legal representative, indicate that I have read this document and provide my consent for the application into the Valley Guardians' Executive Leadership Program for the aforementioned child and I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release, and all household and financial information is accurate and can be verified.

Print Parent/Guardian/Representative	Parent/Guardian/Representative Signature	Date
Child Applicant	Child Applicant Signature	Date