

Project La Cena Membership Application

_____		_____		M	F
Name		Birth Date		Sex	
_____		_____			
College Major / College (NLC, SAC, or SPC)		Classification			
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After School Activities (Including Work)		What would you like to achieve from being a part of this program?			
_____		_____			
Ethnicity	Hours Taken During the Fall	Overall GPA	University of Choice		
_____	_____	_____	_____		
Mailing Address		City, ST ZIP Code			
_____		_____			
Email		_____			
_____		_____			
() _____	() _____	_____			
Home Phone	Cell Phone	Social Security Number			
_____		_____			
Would you like to be paired with a Mentor from Texas State University or the University of the Incarnate Word? _____					
How did you hear about us? (Flyer, website, advisor, etc.) _____					
I give permission to Project La Cena to use the above information for membership purposes.					
_____		_____			
Member's Signature		Date			

Please e-mail or mail to:
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