

Pearls of Service Foundation Incorporated

IVY LEAGUE

Investing Values in our Youth through LEAdership, Guidance Unity and Empowerment

Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Cell phone _____
Email _____

School _____	Grade _____
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____
List your hobbies/interests/extracurricular activities:	

List one extraordinary event or activity you have participated in or achieved:	

After graduation from high school, what are your goals?

Parent/Guardian Information:
Name _____
Telephone _____ Cell phone _____
Email _____

Your \$50.00 non-refundable Sponsorship for each membership is Tax Deductible

Consent Form

I hereby request and consent that my child or ward,

_____ be permitted to participate in the Pearls of Service Foundation, Inc Ivy League.

I further understand that this program is for enhancing leadership development, making wise life decisions, volunteering service in the Memphis community and cultivating youth. My child or ward may be photographed, and/or mentored, by a member of Pearls of Service Foundation Inc, or its' designee associated with this program. By signing below, I release Pearls of Service Foundation Inc – Ivy League, its' members and other volunteers associated with this program from any liability or any injury, loss, or damage connected in any way whatsoever with participation in this program.

I, _____, as a participant in the Ivy League - pledge to follow any conduct rules and acknowledge that my failure to obey rules and requirements may result in my removal from the program.

Signature of Participant _____

Signature of Parent(s) _____

Date: _____

Witness: _____

Please send completed applications by July 24, 2024 to theivyleagueprogram@gmail.com