

100

**BLACK MEN
OF GREATER SOUTH BEND**

2043 South Bend Avenue • PMB 345
South Bend, IN 46637
www.100blackmenofsouthbend.org

Freedman Application

Personal Information

Name: _____
First Middle Last Suffix (Jr., III) Preferred Name/Nickname

Address: _____
Number and Street Apt. # City State Zip Code

E-mail Address: _____

School: _____
Name Principal/Head of School School Phone GPA

_____ Street City State Zip Code School Fax Number

Other: _____
Social Security Number Date of Birth Age Grade in School Name of School Attending

Parent/Guardian Information

If guardian is other than parent, give relationship: _____

Full name of guardian: _____

Mother's Name: _____ Date of Birth: _____ Living Deceased

Address: _____

Home Phone: _____ Work Phone: _____ Occupation: _____

Highest Grade Completed: _____ College, if any: _____ Degree/Certification: _____

Father's Name: _____ Date of Birth: _____ Living Deceased

Address: _____

Home Phone: _____ Work Phone: _____ Occupation: _____

Highest Grade Completed: _____ College, if any: _____ Degree/Certification: _____

Parents' Marital Status: Married Separated Divorced Single

Emergency Information

Do you have any medical insurance? Please circle one. Yes No

If yes, what is the name of the provider? _____

Who should be contacted in case of an emergency? _____

Name: _____ Phone: _____

Name: _____ Phone: _____