**Application Requirements:**

\_\_\_\_ Completed Application (Teen Center Consents and Scholar Contract)

\_\_\_\_ Appliation Essay

\_\_\_\_\_ Teacher Reccomendation Form

\_\_\_\_ Copy of Transcript (10th + 11th grade only)

\_\_\_ Most Recent Report Card

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_\_\_ **Grade:** \_\_\_\_\_\_\_\_

**Ethnicity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Language** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Second Language** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Language spoken at home:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Home Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you qualify for free or reduced lunch?** (Circle one) Free Reduced Neither

**Allergies or Medical Conditions?** No

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Scholar Contract:**

* I understand that the Carver Scholars Program is a yearlong commitment and failure to meet the minimum semester requirements will results in ineligibility for Scholar evenrs, such as College Tours, enrichment outings, and job shadowing opportunities.
* Attendance at “All-Scholar Meetings” and specific, mandated workshops are mandatory to maintain enrollment in the Scholars Program.
* Repeated absence from Scholar activities and events will result in termination from the program.
* I understand that some Carver Scholar activities have inherent risks and I hereby assume all risks and hazards incident to participation in all Carver activities. I further waiver, release, absolve, indemify, and agree to hold harmles Carver, the organizers, voluteer, supervisors, officers, directors, participants, coaches, referees, as well as, persons providing servies through the Teen Center.
* I understand the general Teen Center Rules and Expectations still apply and violation of Carver Center policies can results in suspension or termination from the program.

# Teen Center Expectations

* Come ready to be active and involved! The more you participate, the more you will gain from your time here.
* BE AWARE OF YOUR SURROUNDINGS—demonstrate appropriate language and behavior at all times!
* Remain in designated Teen Center areas during the designated times—no hanging out in or roaming the halls.
* Respect and appreciate the Teen Center (and Carver) facility and staff.
* Keep the Teen Center (and Carver) clean and/or clean up after yourself.
* Be careful not to break or damage property belonging to Carver, staff, or other members.
* Be honest and helpful when an incident occurs—it’s not snitching—we’re all here to help you!
* Dress appropriately—No offensive or revealing clothing (student will be asked to change or leave for the day).
* Refrain from demonstration of any sexual behavior (i.e. kissing, sitting on laps, etc.)
* **There is Zero Tolerance for the Following Behaviors and Will Result in Removal from the Teen Center:**
  + Possession or use of illegal substances / Being under the influence of any of these substances.
  + Fighting.
  + Harassment or intimidation through words, gestures, or body language.
  + Gambling, stealing, and smoking of any kind (including vaping).
  + Carrying or concealing any weapons, devices, or objects that may be used as or appear as a weapon.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Gaurdian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teen Center Consents

**Teen Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de hijo/a Edad/ Grado**

**Parent(s)/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre de Padre(a) o Tutores:**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Escribe tu Nombre Numero de telefóno cellular**

Please read the following statements carefully. For each statement, check “yes” or “no” and initial (or sign) under each statement to grant (or deny) permission for your child to participate in stated activity, receive the stated Teen Center service, and/or to indicate that you have read and understand teen center rules and guidelines.

*Por favor lea las siguientes declaraciones cuidadosamente. Para cada declaración, marque "sí" o "no" e inicial (o firme) debajo de cada declaración para otorgar (o denegar) el permiso para que su hijo participe en la actividad indicada, reciba el servicio del Centro para Adolescentes y / o indique que Usted ha leído y entendido las reglas y pautas del centro para adolescentes.*

**Rules & parent/ guardian release/ *Reglas y formulario de consentimiento del padre / tutor***

My child and I have read and understand the Carver Center’s Rules and Expectations and will pay the $25/$30 membership fee to join the Teen Center. I understand that some Carver Center activities have inherent risks and I hereby assume all risks and hazards incident to participation in all Carver activities. I further waive, release, absolve, indemnify and agree to hold harmless Carver, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons providing services through the Teen Center.

*Mi hijo y yo hemos leído y entendido las Reglas y Expectativas del Centro Carver y pagaremos la tarifa de membresía de $25 / $30 para unirse al Centro para Adolescentes. Entiendo que algunas actividades de Carver Center tienen riesgos inherentes y por la presente asumo todos los riesgos y peligros relacionados con la participación en todas las actividades de Carver. Renuncio, libero, absuelvo, indemnizo y acepto eximir de responsabilidad a Carver, los organizadores, voluntarios, supervisores, oficiales, directores, participantes, entrenadores, árbitros, así como a las personas que prestan servicios a través del Centro para Adolescentes.*

**Yes /Si No Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Firma***  ***Fecha***

**Transportation Waiver/ Permiso de Transportacion :**

I/We the parent(s)/guardian(s) of the above named person give permission for our child to be transported in the Carver van to and from Carver events. In the event of injury, we release the Port Chester Carver Center from any liability. In the event of a medical emergency, I/we authorize the Port Chester Carver Center staff to seek medical attention and treatment for the above named child.

*Yo / Nosotros, los padres / tutores de la persona mencionada anteriormente, damos permiso para que nuestro hijo sea transportado en la camioneta Carver hacia y desde los eventos Carver. En caso de lesión, liberamos al Port Chester Carver Center de cualquier responsabilidad. En caso de una emergencia médica, autorizo / autorizamos al personal del Centro Port Carver de Port Chester a buscar atención médica y tratamiento para el niño mencionado anteriormente.*

**Yes / Si No Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Firma Fecha***

**Medical Authorization/ Autorización Médica:**

I authorize The Carver Center After School Program (CAP) to have under its care my child and declare the After School Program exempt of any legal liability during activities in which my child will participate.

In case there is an emergency, I give my consent to have my child taken to the nearest hospital/emergency room or the facilities listed above and have the doctor administer the necessary medical treatment to stabilize my child. I understand that every effort will be made to contact me before any action is taken.

*Yo autorizo al Programa Después de Clases del Centro Carver (CAP) a tener bajo su cuidado a mi hijo/a y declaro al Programa Después de Clases del Centro Carver exento de cualquier responsabilidad legal durante las actividades en las que participará mi hijo/a. En caso de que haya una emergencia, doy mi consentimiento para que mi hijo/a sea llevado al hospital/sala de urgencias más cercano o las instalaciones enumerados anteriormente y dejar que el médico administre el tratamiento médico necesario para estabilizar mi hijo/a. Entiendo que se hará todo lo posible para ponerse en contacto conmigo antes de tomar cualquier acción.*

**Yes / Si No Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Firma Fecha***

**Media & Photo Authorization/ *Autorización de medios / fotos:***

I of legal age\*, do irrevocably consent to the use of my child’s likeness and/or voice The Carver Center After School Program(CAP) for the purpose of production/presentation, which may be embodied in any form of media now existing or hereinafter developed. Further, I consent that The Carver Center After School Program (CAP) may use that portion of the production/ presentation containing his/her likeness, and/or voice, in whole or in part, for any legitimate purpose in which The Carver Center After School Program (CAP) engages within the United States and throughout the world, including, but not limited to, advertising and the conduct of trade. Without limiting the generality of the foregoing, I hereby consent to the use his/her, likeness, and /or voice in connection with material developed to educate and promote The Carver Center After School Program (CAP) and any of its programs activities and/or events.

I hereby waive any inspection or approval of any material embodying any portion of the presentation/ production name, likeness, and/or voice and I release The Carver Center After School Program (CAP) from any liability for any claim of visual alteration, optical illusion, or faulty mechanical reproduction.

I hereby waive all legal claims to compensation or receipt of consideration from the rights granted by this consent. The rights granted in this release shall be binding upon my estate, heirs and assigns. This release shall be governed by the laws of the State of New York without giving effect to the principles of the conflicts of laws of that state.

*Yo siendo mayor de edad\*, doy consentimiento irrevocable para el uso de la imagen y/o voz de mi hijo por el Programa Después de Clases del Centro Carver (CAP) para el propósito de producción/ presentación, que puede realizarse en cualquier forma de los medios de comunicación existentes en actualidad o desarrollados en el futuro. Además, consiento que el Programa Después de Clases del Centro Carver (CAP) puede utilizar la parte de la producción/presentación que contiene su imagen y/o voz, en su totalidad o en parte, para cualquier propósito legítimo en que el Programa Después de Clases del Centro Carver (CAP) se dedica dentro de los Estados Unidos y en todo el mundo, incluyendo, pero no limitado a la publicidad y el desarrollo de comercio. Sin limitar la generalidad de lo anterior, doy mi consentimiento para el uso de su, imagen y/o voz en relación con el material desarrollado para educar y promover al Programa Después de Clases del Centro Carver (CAP) y cualquiera de sus actividades y/o eventos.*

*Renuncio a toda inspección o aprobación de todo material que contiene cualquier parte de presentación/ nombre de producción, imagen y/o voz y libero a Programa Después de Clases del Centro Carver (CAP) de toda responsabilidad por cualquier reclamación de alteración visual, ilusión óptica, o reproducción mecánica defectuosa.*

*Renuncio a todo reclamo legal de compensación o consideración de los derechos otorgados por este consentimiento. Los derechos reconocidos en este comunicado serán vinculantes para mis raíces, herederos y cesionarios. Este comunicado se regirá por las leyes del Estado de Nueva York sin dar efecto a los principios de los conflictos de leyes de ese estado.*

**Yes / Si No Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Firma Fecha***

**Swimming Authorization/ Permiso Para Nadar**

I give permission for my child, who is 5 years of age or older, to participate in swim at Carver Center and understand s/he will be under the supervision of certified lifeguards and other Carver staff at all times.

*Doy permisio para que mi hijo, que tiene 5 años o más, participe en natación en Carver Center y entienda que estará bajo la supervisión de salvavidas certificados y otro personal de Carver en todo momento.*

**Yes / Si No Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Firma Fecha***

**Required Essay:**

In a 300 word typed essay, please answer the following questions and submit them with your completed Scholar application,

*Tell us a little bit about yourself – who ae you and what are your goals for the future – high school and beyond? What do you think you will need to achieve these goals and how might the Carver Scholars Program help you throughout this process?*

**Please attache typed essay to the application**

**Teachers Reccomedation Form**

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/ Organizatio Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to applicat? \_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the applicant in each of the categories below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Superior | Above average | Average | Below average | Poor |
| Maturity |  |  |  |  |  |
| Character |  |  |  |  |  |
| Dependability |  |  |  |  |  |
| Energy |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Judgement |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| Enthusiasm |  |  |  |  |  |
| Committment |  |  |  |  |  |
| Work Ethic |  |  |  |  |  |

**Teachers Reccomedation Form Cont.**

In your opinion…

What are the specific strenghts of the candidate?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are some challenges or areas of improvement for the candidate?

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Can you provide an example of how the cadidate has deomnstrated one of the followin characteristics: *commitment, responsibility, or drive?*

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Please add any additional comments that may be helpful.

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