

High Desert Center Program *

Student Name *
First Last

Student Nickname

Pronouns

Student E-mail *

Parent Email
example@example.com

Student Phone Number * -
Area Code Phone Number

Address *
Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

Age at start of Program *

Birth Date *

Month

Day

Year

Citizenship *

Passport Status *

- I already have a Passport valid past the program ending date
- I don't yet have a passport or it's not valid through the program

How did you find out about this program? *

Questions for the High Desert Center Applicant

All High Desert Programs are alcohol, drug and tobacco free. Do you see any problem in complying with this policy? *

- Yes
 No

Has the applicant been under the care of a health professional in the past 12 months? *

- Yes
 No

Is there anything we should know about the applicant's physical or mental health that might have some bearing on his or her participation in this program? *

- Yes
 No

If "Yes" to any of the above questions, please provide an explanation

Applicant Essay Questions

Please answer the following with one to three paragraphs each

Why are you applying to this program? What do you hope to gain from it? *

Successful participants are self motivated, do more than their share of chores, and thrive living in a group. Is this you? How do you know? *

Participation in this program requires that you are in good shape and committed to getting in better shape. For instance, do you know that you could walk 6 miles in two hours with a pack? How do you know and how will you prepare?

Describe what the necessary ingredients are for you to thrive. *

**Describe yourself as
if you were
somebody who
knows you well and
who is bluntly
honest. ***