



## Application Form for Teen Apprentice Program

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

- A letter of reference from a teacher or guidance counselor, including his or her name and contact information.
- A 250 word essay stating why you would like to participate in the Teen Apprentice Program.

Mail, email or deliver application to:

Education Department  
Attn: Katherine Bouman  
30 Front Street  
Binghamton, NY 13905  
Phone: (607) 772-0660 ext. 240  
Email: [kbouman@roberson.org](mailto:kbouman@roberson.org)

