

Adoption Network Cleveland

# Scholars Program

Program for College Students

## Student Registration:

**Full Name:** \_\_\_\_\_

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

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Cell phone #:** \_\_\_\_\_

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

**College/University:** \_\_\_\_\_

**Expected Year of Graduation:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Connection to Adoption (If you have one):** \_\_\_\_\_

**Why are you interested in this program?** \_\_\_\_\_

\_\_\_\_\_

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