

“Kids 4 KING”™ Volunteer Initiative Application
Sponsored by the
Dr. Martin Luther King, Jr. Holiday Scholarship Committee
Cleveland, Ohio

PLEASE PRINT

Name

Address

City/Zip Code

10 Digit Phone Number

E-Mail Address

GPA

Grade

School

I want to participate in the Annual MLK Breakfast as a “Kids 4 KING”™ Volunteer because

I recommend the above named student as a “Kids 4 KING”™ Volunteer. (Two of Four)

Teacher’s Printed Name

Teacher’s Signature

Guidance Counselor’s Printed Name

Guidance Counselor’s Signature

Clergy's Printed Name

Clergy's Signature

Employer's Printed Name

Employer's Signature

I, _____, certify that the above information is accurate and true.
Applicant's Printed Name

Applicant's Signature

Date

I give permission for my child to participate in the Tenth Annual Dr. Martin Luther King, Jr. Holiday Breakfast Celebration™ as a "Kids 4 KING"™ Volunteer. I take full responsibility for my child's transportation to and from the Marriott Hotel at Key Center*. I understand that my child must report to the hotel by 6:30 A.M. on Monday, January 18, 2010. I further acknowledge and understand that my child's ticket will be forfeited for late (after 6:40 A.M.) arrival, being out of dress code or bringing a non-ticketed guest.

Signature of Parent or Legal Guardian

Date

Printed Name of Parent or Legal Guardian

Emergency Phone Number

*127 Public Square
Cleveland, Ohio 44114

Please mail both pages of the completed application to:

MLK Holiday Scholarship Committee
P.O. Box 201970
Cleveland, Ohio 44120

All applications must be ***postmarked*** no later than **Friday, November 20, 2009**.
You will be notified of your selection by phone and in writing.

PLEASE NOTE: Incomplete applications are disqualified automatically.