



PARTICIPANT ENROLLMENT FORM



**Benzie Area Christian Neighbors
2804 Benzie Highway
Benzonia, MI 49616
(231) 882-9544**

PARTICIPANT INFORMATION

Student Name: _____

Home Address: _____

City, State, Zip: _____

Mailing Address (if different): _____

Telephone (Cell): _____

Telephone (Work): _____

Telephone (Home): _____

Email: _____

Emergency Contact: _____

Relationship: _____

Telephone: _____

ACADEMIC INFORMATION:

Enrolled in school? Y/N Registered for Classes? Y/N Attending Class? Y/N

If Enrolled List Program Course: _____

Plan to Attend/Attending: Full Time Part Time Day Classes Evening Classes

Start Date: _____ **Anticipated End Date:** _____

Number of Weeks in course: _____ **Total Credit/Clock Hours:** _____

Pursuit: Certificate 2-Year Degree 4-Year Degree Other: _____

FOR OFFICE USE ONLY: By signing this document I acknowledge that I have met with a WOW facilitator about the WOW (Women on Their Way) Program and understand the commitment and expectations of those who participant in the program. It is further understood that if I fail to meet the expectations of the program I may be dropped as a WOW participant and that I will forfeit the benefits of WOW program including scholarship funds, transportation assistance, and other financial or services assistance provided to participants as part of the WOW program.

WOW Participant Signature: _____ **Date:** _____