



“Saturdays with My State Rep”

Hosted By
State Representative Alisha Thomas Morgan

Fall 2011 Application

Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Telephone: Home () _____ Mobile () _____

Email Address _____

PARENT INFORMATION

Mother's Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Telephone: Home () _____ Mobile () _____

Email Address _____

Father's Name _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Telephone: Home () _____ Mobile () _____

Email Address _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____
Last First

Telephone: Home: () _____ Mobile: () _____

Email Address _____

EDUCATION

School _____

School City _____ School State _____

Grade Completed _____

GPA: _____ / _____ Start Date _____ End Date _____

ACTIVITIES/INVOLVEMENT

_____	Dates: _____ to _____
_____	Dates: _____ to _____
_____	Dates: _____ to _____
_____	Dates: _____ to _____
_____	Dates: _____ to _____

HONORS/AWARDS

_____	Date Received: _____
_____	Date Received: _____
_____	Date Received: _____
_____	Date Received: _____
_____	Date Received: _____

ESSAY:

Please tell us about yourself, why you would like to be a part of this program, and how you think this program will benefit you in your future endeavors. Minimum: 500 words. Please attach.

RESUME:

Please attach resume.

Applicant Signature _____ Date _____

PLEASE RETURN ALL APPLICATION AND ATTACHED MATERIALS:

Mail, Fax, or Email to:

Rep. Alisha Thomas Morgan
Suite 404
Coverdell Legislative Office Building
Atlanta, Georgia 30334
Fax: (404) 651-8086 or Email: Alisha@alishamorgan.com

APPLICATION DEADLINE:

Saturday, October 8, 2011

If chosen, program will commence on Saturday, October 15, 2011.