



Torchbearer Professional Development Training

REGISTRATION APPLICATION

(Please type your answers using the grey boxes)

PERSONAL INFORMATION

Applicant Name:

Applicant Gender:

Applicant Email:

Applicant Cell Phone:

ORANIZATIONAL INFORMATION

Org/School Name:

Org/School Contact Name:

Org/School Contact Title:

Org/School Contact Phone:

Org/School Contact Email:

Org/School Address:

QUESTIONS

How many years have you been a community or school based educator?

What are the ages of the youth you work with or grade(s) you teach?

Describe the population you work with in terms of race, ethnicity, class and gender.

How do you plan to utilize the Torchbearer Training in your work?

If you are applying for financial aid, please briefly describe why you need financial aid, and why this training is important for you to attend.

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APPLICATIONS AND 50% DEPOSIT ARE DUE July 27, 2018

Please email your completed Registration Application to LVLM@brotherhood-sistersol.org

Checks are payable to: The Brotherhood/Sister Sol, 512 W. 143rd Street, NYC, 10031